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MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, JANUARY 10, 1879. No. 1

Editorial.

THE PROPOSED MICHIGAN MEDICAL ACT.

We think we may very safely assume that the desirability of an act to regulate the practice of medicine in this State is conceded, and by the people as well as by the profession. We are, furthermore, pleased to be able to report that the desire, on the part of the latter at least, is sufficiently strong to have devised a definite line of action looking towards its fulfillment. The only question, therefore, which now remains, is upon the extent of the demand which it is proposed to make of the Legislature; and this is a question of so much importance that upon it will hinge the success of any action which may be begun. Our Michigan Legislatures are usually of a varied complexion, as far as prepossession in favor of one or other of the so-called schools of medicine is concerned, and, should the friends of either be inordinate, or too persistent in their claims for their particular school, all attempts at legislation will undoubtedly fail. It will require no little soundness of judgment and diplomatic tact to so adjust the elements as to secure harmony of action. The question of difference of views on therapeutics must be severely ignored. This is the rock on which the movement is in danger of splitting, and great care must be exercised that it may be avoided. The people have an inherent antipathy to class legislation, and they have not yet learned that it is wrong to regard regular practitioners and those of the "pathies" as members of so many classes. The legislative hall is, moreover, not the place for a discussion of this point, and those who may take charge of the bill must studiously guard against any excuse for its being raised. They must give the most liberal interpretation possible to the principle that all men (and schools of medicine) are equal before the law. No attempt must be made to prescribe which is the more rational system of practice, and the effort must be rigidly confined to the securing of a guarantee from him who seeks to take the lives of his fellow-citizens into his hands, that he has a proper knowledge of those subjects on which there is no difference of opinion among the various schools of practice. These subjects embrace anatomy, physiology, chemistry, operative surgery and obstetrics, and a knowledge of these pre-supposes an intelligence which will restrain its possessor from doing harm, at least, when he is unable to do good. Such a guarantee will rid the State of the mountebanks who infest it, and in whose hands medicine is a two-edged sword. We think, too, that some gnarantee of a knowledge of natural labor should be required of midwives. It is notoriously a fact that many of these are unable to detect a wrong presentation, and such ignorance is not infrequently productive of disastrous results. While we should like to see a higher standard of requirement than this, it would, at present, at least, be useless to ask for it.

Two acts, those of New York and Illinois, have been spoken of as bases for the construction of an act for Michigan. Either of them we should be satisfied with; but there are features of the New York act which would make its working in this State impracticable. It presupposes the existence of county societies, and these are created the examining and licensing powers. Such a provision in an act for this State would necessitate the organization of societies in the majority of the counties of the State, and in many of them there are not a sufficient number of each system of practice to form a society for each; and to require a practitioner of one school to present himself for examination before a board composed of members of another school, would be objected to. The Illinois act seems to be the one which could be most easily adapted to the requirements

of Michigan. It constitutes the State Board of Health the examining and licensing power. We have an admirable Board of this nature. It comprises gentlemen in whose ability and integrity the profession of the State has the fullest confidence, and it would be necessary only to add to it a proper number of representatives of the schools not already represented, to constitute it all that could be desired. A Board thus constituted would meet the approval of the profession. It would conform to the essential features of a plan proposed by the State Medical Society, a few years ago.

THE time for action towards securing the passage of a medical act in this State is short. It is highly necessary that all petitions should be in the hands of the Representatives not later than February 10th. We have received numerous applications for blank petitions, or for forms of petitions, to be circulated among the people for signatures. It has been deemed best that no special form be adopted for general use, inasmuch as a uniformity in this respect would create a suspicion that the profession are alone interested, and are engineering the movement. Any simple heading, stating concisely the desire of the petitioners for legislative action regulating the practice of medicine, is all that is necessary. Let there be no further delay, but let the petitions be at once circulated. Two or three weeks of energetic work can accomplish much.

We are happy to announce, in this connection, that Representative Col. L. M. Ward, of Berrien County, is giving the matter special attention, and will introduce the bill. He may be addressed at Lansing, and will be glad to receive suggestions from the physicians of the State. Let each physician use his influence with the Representative from his district, and the success of the effort, we are convinced, will not be problematical.

WE should be pleased to correspond with any one who would undertake to solicit subscriptions for the NEWS. We think we can offer inducements to any such.

MICHIGAN MEDICAL NEWS FOR 1879.

It will be noticed that we appear at the commencement of our second volume in a new dress, and on an improved quality of paper. This improvement is in fulfillment of our promise to give our readers the benefit of the profits accruing from a liberal patronage. The success which has attended our efforts thus far has alone made it possible for us to give twenty-four issues of a journal of this nature for the sum of one dollar. We have now no apology to offer for any defect in the mechanical execution of the work; it is now equal in this respect to any of our cotemporaries, and, indeed, excels the majority of them.

It will be noticed further that the corps of editors has been cut down. This change is one which we regret, but which could not well be avoided. We are under lasting obligations to the gentlemen who came forward and aided us in the establishment of the NEWS, as to their efforts its success is largely attributable. We are sorry, and we are certain our readers will also regret to part company with them. It required only a twelvemonth, however, to convince both them and us of the difficulty of maintaining a large corps intact. Death removed from us Dr. Beech, our senior editor, and Dr. Brodie, in assuming the editorial management of *New Preparations*, found it necessary to resign. These, with the resignation of another member of the corps, Dr. Hazlewood, created three vacancies, and it was thought better than to fill them to have but one name on the cover.

The renewal of subscriptions for '79 has already begun, and we hope it will be continued to such an extent that it will not be necessary for us at the close of the present month to strike off a single name from our list. Our margin of profits on subscriptions is too small to enable us to carry any delinquents, and we are obliged to enforce the pay-in-advance system. We shall publish in our next a list of those who have remitted for the present year, which list will be in lieu of a receipt to those remitting.

Miscellany.

Fifty Years Ago—Lancing the Gums in Dentition.—Dr. Henry Gibbons, senior editor of the *Pacific Medical and Surgical Journal*, took as the theme of an address before the graduating class of the Medical College of the Pacific for 1878, medicine "fifty years ago," drawing his facts from his own experience. Fifty years is a long time to spend in the harness, and the venerable doctor's paper is full of interesting reminiscences and comparisons between practice half a century ago and that of the present day. On the subject of blood-letting, comparison inclines manifestly in favor of the practice, and we think the signs of the times indicate an approaching revival of it. We regret the lack of space which forbids copious extracts from the paper, but cannot forbear a quotation of the remarks on the cutting of the gums in dentition:

"In discarding this simple expedient, our profession have thrown away a safe and valuable adjuvant in the management of infantile disorders. The only objections to it are that it gives pain, that it hardens the gums so as to retard the advance of the tooth, and that it endangers hemorrhage. So far from giving pain, it relieves pain, and more still the intolerable itching which children suffer while teething. If hardness result from the cicatrization, it will facilitate the escape of the tooth instead of retarding it, for every tyro knows that a cicatrix is absorbed under pressure more readily than normal tissue. And as to the danger from hemorrhage, fifty years of constant and abundant experience in my own practice, and observation of the practice of others around me when the operation was universal, have failed to bring within my knowledge a solitary instance of serious hemorrhage caused by lancing the gums. On the other hand, again and again have I seen the infant, when fretting and twitching and starting as if on the brink of a convulsion, fall into a tranquil sleep immediately after the process. More than once have I known the child close its jaws to press the lancet into the itching gums. One child, I remember, who would run to meet me as I entered the house, and open its mouth to invite what experience had taught it would relieve its suffering.

"By lancing the gums I do not mean slicing off the prominence, nor yet making a crucial incision. These are superfluous, if not barbarous procedures. It is sufficient to scarify the swollen tissue in one direction to relieve the tension and remove a few drops of blood from the engorged vessels."

Social Estimation of Doctors.—A correspondent of the *British Medical Journal* complains that physicians are not accorded the same position in society as is enjoyed by members of the other professions—that not unfrequently "the first physician or surgeon is spoken of as that cad of a doctor." It is, doubtless, true that in many instances doctors do not rank as highly in the point referred to as the fact that they are members of one of the learned professions should warrant, but to attribute this inferiority to the fact *per se* that they are doctors, is to reason very fallaciously. Where one instance of such partial social ostracism obtains, there are a dozen where the possession of a diploma covers a multitude of shortcomings in education and refinement, which would never be condoned in a layman.

The *Journal* disabuses our mind of its conception of the English profession. We had supposed that the system of education in England precluded the possibility of the condition referred to in the following quotation:

"Unfortunately the preliminary education of doctors and their general culture are not yet on a level with that of clergymen or barristers, although, of course, in individual instances, it rises high above it. Indeed, any one who will attend any of the societies, even those, such as the Clinical and Pathological Societies, which are frequented by the flower of the rising hospital men, will often be shocked at the palpable want of culture, and the absence of not only the graces, but the proprieties of diction; the want of sympathy with the scientific mind; and the strangely insular narrowness of information or reading which characterizes the utterances of many of those who must, by mere efflux of time, rise to positions which will entitle them to present themselves to the world as 'leaders of medicine.' We speak it with shame and humiliation; but in no hospitals and societies of Europe can such examples of doleful ignorance and inept silliness in high places be observed as in those of London, alongside

of honest merit, and sometimes also in startling contrast with the utterances of men of brilliant gifts."

Book Notices.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

This is a volume of over 500 pages, the first 276 of which are devoted to the proceedings of the society, and the papers read at the 1878 meeting. The remainder of the book is made up of reports from the county medical societies throughout the State. The plan of having local societies in affiliation with a central State society is a good one, and one which we should like to see adopted in this State. The volume before us reflects great credit not only on the profession of Pennsylvania, but also on the Secretary of the State Society, Dr. W. B. Atkinson.

THE DUTIES OF THE MEDICAL PROFESSION CONCERNING PROSTITUTION AND ITS ALLIED VICES.

This is the title of a pamphlet by Dr. Frederick H. Gerrish, of Portland, Maine. It is a very readable effort, and will well repay a perusal, notwithstanding a few impracticable suggestions which it contains. It takes strong grounds against the legalizing of prostitution, and advances cogent arguments in support of this position. The summing up of the essay is as follows:

"Prostitution is alarmingly common. The methods of dealing with it which have been most extensively tried have failed to control it or to limit the diseases which arise from it. It is to be regarded as a disease of the body social, which we can not hope to cure unless we remove the causes on which it depends. The chief of these causes is ignorance, which creates a demand for illicit intercourse. While a lack of ordinary information and learning is conducive to depravity, it is ignorance of the laws of our being which is chiefly responsible for the mischief. The proper and competent teaching of physiology and hygiene to the young would result in such an improvement of morals that, in time, prostitution would largely disappear, for want of support and patronage. While education is the great means for removing the chief cause of the social evil, it is necessary to employ other measures of a curative character, such as the punishment of sexual crimes, severe restrictions on the permanently diseased, and reformatory efforts; and the medical profession, being in the best possible position to appreciate the evil and to apply the remedy, owe it to the community to undertake the educational work, and to establish the other measures suggested."

OPTIC NEURITIS, WITH NOTES OF THREE CASES. By C. J. Lundy, M. D., Detroit. A fre-print from the Detroit *Lancet*.

This pamphlet opens with a concise, yet comprehensive, resumé of the views held by various authorities on the subject of optic neuritis, and closes with a very carefully written and clearly descriptive account of three cases which occurred in the writer's own practice. Dr. Lundy is a careful observer, and evinces that attention to minutiæ which is the secret of the successful specialist's success. There is one point, however, in the paper which is not clear to our mind, and which we should like the doctor to explain. In one of the cases he details, "the pupils were dilated, readily movable, not influenced by light, etc." How was this?

Paragraphs.

If we are obliged to earn our living why may we not urn our dead? is the latest conundrum.

Prof. Tyler, of Amherst College, says: "Half educated fledglings are fluttering and tumbling into the practice of law and medicine more frequently now than at any former period of our history."

Stilbeine is a preparation compounded of emery and rubber which is said to be an excellent article for cleansing instruments. All other agents while removing rust, blood spots, etc., also destroy the polish. Stilbeine is not open to the latter objection.

A doctor must be a mechanic, a nurse, a cook, a chemist, a pharmacist, an anatomist, a physiologist; he must have the wisdom of Solomon, the patience of Job, the independence of Diogenes, the philanthropy of Howard.—Dr. Gibbons, in *Pacific Med. and Surg. Journal*.

The *Boston Journal of Chemistry* tells of a lady who suffered with sciatica for which she had sought physicians in vain. Hearing of man who was similarly afflicted, she called on him in hope of learning of him something that might mitigate her suffering.

"Do you" she asked "find any thing that affords any relief." "Yes marm" he replied "two things," "pray, what are they?" "Cursin' and sw'arin'?" said the pious invalid.

A child in Paris, one year old, without any appreciable cause, was attacked by tonic spasms for several weeks. One day its mother discovered a hair between the two front incisor teeth, and extending backward into the throat. The removal of the hair was followed by complete cessation of the spasms.

It has been discovered that glycerine is largely employed as an adulterant in beer, and the German Society for the encouragement of industry has offered a prize of 3000 marks for the easiest method of determining, within twenty-five one-hundredths, the quantity of the article in the beverage. The method of Pasteur is effective but is tedious and troublesome. The cheating began in 1856, previous to which date 100 pounds or upwards of malt was used in a barrel of beer, and as much was consumed by ten brewers in New York City as is consumed by the whole number now engaged in the manufacture in that city.

As bearing somewhat, although, perhaps, a little remotely on this same subject, the following from a correspondent who was present at the recent meetmeeting of the Health Association at Richmond, is of interest: "The lager beer is excellent, but there is the American vice of no chairs and standing drinks. Moffat's bell punch, whereby the State revenue is enriched by one half cent for every glass of malt liquor consumed, and by two and a half for every glass of spirit, was a revelation to the majority of the visitors, and it was quite remarkable to see how many were curious to see how the thing worked."

The *Medical Advance*, after a suspension of several years, has been revived as a quarterly, and is now a candidate for professional favor under the editorial management of the versatile Dr. C. Henri Leonard, of this city. The first number of the new series is abundantly illustrated with well-executed cuts. These illustrations are to constitute a feature of the publication. We welcome the new comer, and wish it no less success than the admirable appearance of the first number of the new series gives promise that it will achieve. Fifty cents a year—very cheap and very good.

The *Chicago Medical Journal* says that one of its religious contemporaries of that city urges its readers to promote the social element in the church by following the example of a family where there was an informal social gathering: "No refreshments were served, but at one corner was a table with cold water, popped corn, raisins, walnuts and doughnuts."

There is a demand for ostrich pepsin in the retail drug trade; and it is understood that the homœopathists are preparing a tenth decimal trituration of "cold water, popped corn, raisins, walnuts and doughnuts."

The managing editor of the MICHIGAN MEDICAL NEWS names his dog Peru, just on account of his *bark*, it being the most valuable thing about him. *Chin*conings dogs never bite.—*Medical Advance.*

Although the *Advance* has scarcely yet cut its canine teeth, it is evidently capable of saying some cur-ious things—quite waggish in fact.

Original Articles.

An Unusually Large Carneous Mole: Error in Diagnosis.

REPORTED BY E. S. DUNSTER, M. D.,
Professor of Obstetrics and Diseases of Women, in the University of Michigan.

One frequently learns more from a mistake than when he is right, for having once made a decided mistake he is very apt to recollect it, and not again commit a similar error. Others, too, may learn the same lesson from one who acknowledges his own blunder and makes it public. If the error be one that it is difficult to avoid, great good may come from the publication of it, as it may prevent some one from falling into the same trap, no one being infallible. I accordingly put on record the following case, in which, happily, the mistake did not bring any detriment or injury to the patient, but unwittingly accomplished the very object which would have been attempted had a correct diagnosis been made.

On the 11th of June last I was consulted by Mrs. A. ——, resident of an adjoining town, in regard to herself. She gave the following history: Age, 32; had borne three children, the youngest nearly three years old. Her confinements had been comparatively easy, and she had gotten up from them well and early. Accustomed to hard work, such as usually falls to the lot of a farmer's wife, she had stood this work easily up to within a few months past. A year after the birth of the last child, who was nursed for some fifteen months, the catamenia returned with their accustomed regularity, and continued in their usual amount and manifestations until some six or eight months ago, when they became more profuse than usual. The January period began on the 14th, and from that time to the present she had been continuously "unwell,"—not a single twenty-four hours having passed without some hemorrhage. (On this point the patient was very positive.) At times the hemorrhage had been very profuse and exhausting, so that she would be compelled to take to her bed, and for some weeks past she had been unable to attend to her household duties. The appetite had remained good, yet there had been some loss of flesh. The bowels were daily

and spontaneously moved, and there was no derangement whatever of the stomach and digestive organs. There had been no fever and no pain beyond an uneasy sensation in the region of the womb. This did not amount to an ache or pain, but was rather a feeling of heaviness or weight. Micturition was more frequent than natural, the desire to pass water being present in a somewhat increased degree.

Objectively, her condition was as follows: Countenance pale; lips blanched; apparently some emaciation, and this, with a slightly pinched expression about the nostrils, indicated a marked degree of anæmia, which well accorded with the history of her case. The abdomen was enlarged, and a hard, painless tumor, symmetrically ovoid and centrally located, reaching nearly as high as the umbilicus, was easily detected. *Per vaginam* the cervix was tense, not softened to any appreciable degree, and bi-manual examination showed that the tumor moved with the uterus. As the history of five months (lacking three days) of profuse hemorrhage, and the absence of the rational signs of pregnancy, seemed to negative all idea of that condition, I ventured to explore the cavity of the uterus, and readily passed a flexible probe to the depth of six and one-quarter inches. Then bending a stout sound to the curve thus ascertained, it was passed in a right lateral and somewhat downward direction (the patient being in the dorsal decubitus) to the same depth. It was now easy to feel that the tumor was between the sound and the hand on the abdomen, and that it was very firm and resisting in its structure, and was about six inches long by four in its transverse diameter. These manipulations produced quite a brisk hemorrhage, which, however, ceased in half an hour, so that the patient was able to return to her home—fourteen miles distant—the same afternoon.

My diagnosis was fibroid tumor, probably of the sub-mucus variety, and the patient was put upon the use of ergot, in full doses. Two days subsequently the husband of the patient called upon me, his face beaming with satisfaction, and said that the tumor had already been expelled. On my expressing surprise and doubt, he replied, "Oh, yes, it is so, for I've got it here;" and he produced from a basket, which he carried on his arm, a package nearly the size of a two-quart pail, and on opening it, sure enough, there was an ovoid mass, about six inches by four in size, that looked at the first glance like a recently enucleated fibroid. A second glance, however, discovered, much to my chagrin, that there was placental tissue over a considerable portion of the surface of the tumor, and I thought to myself that I had made a most absurd and unjustifiable blunder in diagnosis, and had unwittingly produced an abortion, and that the ovum had been expelled *en bloc*. I then took the mass into my hands, and again I was, for an instant, puzzled, for it was throughout uniformly hard and resisting to the touch—*almost* as hard, indeed, as a fibroid tumor. There was nowhere any fluctuation, and the surface otherwheres than upon the placental portion presented none of the appearance of the membranes of an ovum. With a scalpel I then laid it open from one end to the other, and thus disclosed its true character. It was a carneous mole of unusual size, with a central cavity less than three inches deep, into which jutted the bulbous, fleshy masses so characteristic of these formations, and nowhere, on the most searching examination, was any trace of an embryo found. There was no fluid in the cavity, and the fleshy growths were so closely packed into it that I doubt if more than a teaspoonful of fluid could have been forced therein by strong pressure. I should have stated that the mass was expelled on the day following the exploration of the uterus, after nine hours of pains, the last three of which were as severe as any that the patient had experienced in her confinements at full term.

I make no excuse for this decided error in diagnosis, but frankly confess that although I excluded normal pregnancy, the idea of molar pregnancy did not once cross my mind during the examination. I cannot, however, reproach myself very seriously, for everyone of experience knows how difficult, and at times almost impossible, a correct diagnosis is in such cases. Indeed, had the idea of a carneous mole occurred to me, I do not know how I could have corrected my diagnosis, except by dilating the cervix and removing a bit of the growth for microscopic examination; for the history of the case, as well as the physical signs, accorded more closely with the supposition of a fibroid than anything else. If this procedure be resorted to no harm can come in either event after the diagnosis of normal pregnancy is excluded, for if it be a mole it will hasten its expulsion, which, is the only rational treatment, and if it be a fibroid it will help us determine the propriety of an operative interference.

The patient made a good but somewhat slower recovery than after her normal pregnancies. Menstruation returned in the fifth week, and recurred naturally up to the time of the last period, some three weeks since, when there was no show. She consulted me a few days ago regarding her condition, but the last mentioned fact, to say nothing of my former experience with her, put me upon my guard, so that it is needless to say I did not attempt an exploration of the uterus.

The case is certainly instructive, and may serve as a warning to others beside myself who are engaged in gynæcological practice, where fibroid tumors are so frequently and carneous moles are so rarely met with that similar errors of diagnosis may readily happen, unless in every case one takes into consideration even the rarest of all possibilities and is governed accordingly.

ANN ARBOR, Dec. 30, 1878.

A Case of Extirpation of the Rectum for Epithelial Carcinoma.

Reported to the Wayne County Medical Society, Dec. 12, 1878, by HENRY F. LYSTER, M. D., Detroit.

A professional gentleman, married, thirty-two years of age, five feet eleven inches in height, and weighing ordinarily one hundred and sixty-five pounds, and whose family I attend, consulted me about the middle of July, 1878, on account of general debility with constipation, together with bleeding at stool, and uneasy sensations in the pelvis, which he attributed to hæmorrhoids. I had made a rectal exploration three years previously on account of a similar train of symptoms, and having found nothing of any moment, I had advised a vacation of two or three weeks with change of air, which resulted at that time in complete restoration to health, with an increase in weight of twenty pounds. I repeated this advice at this time, but the patient returned unimproved in a few weeks, and after continuing without effect the usual remedial measures, tonics, exercise, etc., I made a digital examination of the rectum, and at once discovered a cancer of the rectum, of an annular shape, the lower border situated about an inch and one-quarter above the internal sphincter and extending upward to the extent of two and one-half inches, encircling seven-eighths of the rectum.

A longitudinal strip of intestine, apparently free from cancerous disease, about half an inch wide, was found toward the left sacro-iliac synchondrosis. The tumor presented itself as a shelf, extending toward the axis of the rectum. There was a passage way about an inch and one-half in diameter through the axis of the bowel, through which fæces were passed. The whole face of the tumor was ulcerated and was exceedingly painful to the touch. By introducing two fingers and drawing down the tumor with one and pressing up the perineum while the patient was in the lithotomy position and under an anæsthetic, a tumor on the posterior wall of the rectum could be reached by the fully-extended middle finger. It felt like an enlarged gland in the mucous membrane, and was quite movable. A few disseminated seed-like particles of cancerous material extended up the posterior rectal wall toward the enlarged gland. No other signs of cancer could be made out by physical explorations in the different regions of the body.

The cancerous matter appeared to be thicker and firmer near the bladder, and it evidently had its origin upon the anterior wall of the bowel.

I removed a small portion for the microscope and found it to be a cylindrical epithelioma. He was ordered twenty drops of muriated tinct. of iron three times a day. Extract of hyoscyamus six grains in two teaspoonsful of sweet oil, to be used as an injection at bedtime, was recommended for rest and sleep. The diet was changed to a stimulating and nourishing one, consisting of milk and meat, broths and soup, with a little bread, and no vegetables. These changes were followed by marked amelioration of the painful symptoms.

Drs. Book, Walker, Brodie and Maclean examined the patient with me upon different occasions, confirming in all particulars the diagnosis.

In referring to the standard writers with reference to an operation, I found that, with the exception of Lisfranc, nearly all the writers of surgical works were opposed to the operation for extirpation of the rectum. Where exceptions do occur they confine the operation to cases where there is a minimum of disease. Sir Benj. Brodie, Bell, Copland, Cooper, Curling, Wilson, Parker, Post, Vidal, Pinault, Druitt, Velpeau, Miller, Gross, H. H. Smith, H. Smith (Holmes) hold these views. Brodie, Pinault and Vidal allow it if very low down. Lisfranc, of France; Schuh, Voss, Volkman, Bilroth and Kœberlé, of Germany; Van Buren, Keyes and Stimson, of New York; and Fenwick, of Montreal, have all written in favor of the operation—Lisfranc in 1826, Schuh in 1868, and Volkmann and the others quite recently.

All of those writing in favor of the removal of the disease have reported cases in their own practice, a large proportion of which were successful, both as regards recovery from the operation and immunity from the disease while under observation until the present time. In some cases immunity from the disease has been observed for periods ranging from three to eleven years. In the more recent cases, sufficient time has not elapsed to determine the length of time during which the system will remain free from a recurrence of the disease. The history of this form of cancer would lead us to infer that, in a certain per centum of cases, upon its complete local removal from the rectum, as from the lip, it will not recur. Dr. Walker, of this city, made the operation last summer in a case in which the sphincters were involved, with a successful result, and it is to be hoped that he will place it on record. It is important that the clinical history of these cases be known in order that professional opinion may be modified, in case lengthened immunity is found to be the result of the operation.

The patient having been made aware of the nature of his case, and of the medical opinion, determined to accept the very slight chance afforded by undertaking so extensive an operation.

The preparatory dose of an ounce of castor oil was given twenty-four hours previous to the operation. This was assisted by enemata of warm water the next morning. Twenty drops of laudanum were given at 11:45 A. M., a glass of brandy and water at 12:30 P. M., and the anæsthetic mixture (alcohol, chloroform and sulphuric ether, in the proportions of one, two and three) was administered at 12:55 P. M., in the presence of Drs. Brodie, Maclean, Walker, Farrand, Gustin, Book and Leonard, to whom I feel greatly indebted for the successful completion of the opera-

tion, on account of their very valuable and necessary assistance, which could only have been rendered by persons fully alive to the exigencies of the case.

The patient having been tied in the lithotomy position, an incision was made directly through the sphincter and lower posterior wall of the rectum to the coccyx.

The index and middle fingers of the left hand were pushed through the wound, and found their way, externally to the rectum, around to the front of the bowel, and separated it from the urethra and prostate gland. Dr. Brodie held a steel sound in the bladder, which served as a guide, and enabled the operator to judge of the thickness of the intervening tissues. The sound was of great value, and gave much aid and confidence to the operator during this very important part of the operation. The wound was large enough to permit of very free manipulation, and the rectum was pulled down with one finger hooked about it, while two fingers of the other hand were introduced to assist and to continue the work of detaching the rectum from the surrounding tissues.

At the base of the bladder we found it most closely adherent, and it was at this point we feared lest the cancerous growth might have extended outside the rectum, and involved the walls of the bladder, in which case I would have been obliged to desist. Up to this point the operation in this case was exploratory. By slow and careful detachment of the cellular tissue with the fingers, I gradually completed the separation, and extended this separation so far up that we feared opening the fold of peritoneum, which drops down between the bladder and rectum, and forms the exterior coating of the bowel. With the exception of a couple of strong bands of cellular tissue in the upper sacral region, the posterior and lateral separation was easily performed. The bowel was cut across, just above the internal sphincter, and the rectum, with enclosed cancerous tumor, was withdrawn, and the intestine severed above it, and detained by means of a claw-toothed forceps.

By careful detachment with the fingers, the peritoneum at the meso-colon was also uninjured. Prof. Maclean cut a strong band of cellular tissue with the scissors, while the rectum was strongly pulled, and the bowel came down without further resistance, and with such redundancy that we were enabled to cut it off about an inch and a half above the upper border of the tumor, and just above the location of the enlarged gland previously mentioned. Half a dozen silver wire sutures, easily inserted, fastened the healthy tissue to the internal sphincter.

The weight of the tumor and tissues removed, after macerating in a disinfectant solution, was eight ounces, avoirdupois.

The rectum removed extended from the sphincter to an inch and a quarter above the tumor. The tumor measured two and a half inches in width, and its lower border was one and a quarter inches above the internal sphincter. These measurements would show that five inches of the bowel were removed.

There was no hæmorrhage during any of the steps of the operation. A couple of little hæmorrhoidal branches severed in the first incision were all that it was found necessary to stop. Probably not more than eight ounces of blood were lost, and this was mostly venous. A horse-hair fascine, or tent, the size of a crow quill, was pushed up back of the rectum, to act as a drain, and the patient was placed in bed at 3:45 P. M., two hours and three-quarters after the commencement of the operation. During the last half hour stimulants were freely used, and the anæsthetic was discontinued.

The prostration was very great, and continued for three days. The temperature did not rise above 98° F., nor the pulse over 100, until the 25th of Nov. The catheter was used the morning after the operation, and was not again required. The rectum and pelvic cavity external to it were syringed with disinfectant solutions every four hours, thymol, quinine and carbolic acid each taking their turn. The horse-hair fascines were used with excellent effect until the 17th.

Symptoms of peritonitis supervening on the second day, leeches were followed by a blister and hot poultices, covered by impermeable baudruche. Quinine was given, in doses of three grains, every three hours, for its tonic and antiseptic qualities. A pill of camphor and opium was also used for several days. A large fæcal evacuation took place on the evening of the 16th; and continued to appear from that date with the syringing. The patient suffered from an abscess on the sacrum, which was opened, and discharged laudable pus. He also suffered from sleeplessness, which was alleviated by a pill of four grains of extract of conium once or twice during the night.

A good deal of pain, of a neuralgic character, was felt upon the outer surface of the thighs and hips, which originated within the plevis. The patient, at the present writing, January 6, has discharged his nurse, and is able to walk and drive out, and has gained quite rapidly in weight. He has an excellent appetite, and is free from the epigastric pain and indigestion which formerly disturbed him. Upon examination, the index finger was grasped so tightly by the internal sphincter that it felt as if compressed by a tight ring. This tissue is so elastic, however, that fæces of full size, and quite firm, pass through it as in a normal sphincter. The external wound has not entirely healed, but is unimportant. Within the sphincter, the rectum conveyed a normal impression to the finger and was of full size and shape, and evidently retains its true anatomical relations. No one could tell from an examination that any important operation had ever been made.

CROTON OIL IN NÆVUS.

BY DR. H. F. SIGLER.

I have had occasion to treat a case of nævus, recently, and, as the treatment was unique as well as successful, I report it for the benefit of whom it may concern. The tumor was situated in the centre of the left cheek, and in size was about as large as a dime. I procured a cork the size of the tumor, into which I inserted several fine needles, letting the points project one-eigth of an inch. I then immersed the points of the needles in pure croton oil, and plunged them into the tumor. A little swelling followed, and several vesicles formed soon after. The second day a crust formed over the whole tumor. This was repeated three times, at intervals of five days, and no other treatment was required.

PINCKNEY, Mich.

Selections.

HOT WATER IMMERSION IN THE TREATMENT OF WOUNDS.—Dr. Broome, in the *St. Louis Clinical Record*, discusses this method of treating wounds, and expresses himself as strongly in favor of it. "However simple the remedy, we are content, if by repeated trial, it has proven itself decidedly efficacious. When a patient presents himself to us, for example, whose hand is literally crushed, four metacarpal bones badly broken, carpal bones dislocated and the soft parts contiguous thereto terribly contused and lacerated, the fingers uncontrollably dangling at the end of this pulpified mass; if all the structures comprising the hand are crushed save an arterial communication between the radial artery and palmar arch, we feel almost justified in assuring the patient at once that his hand can be saved to him by means of hot water immersion. If from this wound, just given for illustration, an artery bleeds, we tie it of course, but hemorrhage from other sources we encourage by placing the hand in a vessel containing warm water. The temperature of the water is kept uniform by adding small quantities of hot water at such intervals as may be necessary. This addition of the water invites the unloading of the overburdened surrounding tissues, protects the wound from a varying temperature, dissipates the shock, promotes the re-establishment of the arterial and venous circulation, prevents swelling and destruction of tissue, and subdues suppuration, is an emollient to the hand and a soporific to the patient. A young man, J. D., an employee of the St. Louis, Kansas City and Northern Railroad Company, sustained an injury such as is described above, and was treated by frequent immersion of the injured member in warm water, and between the bathings the wound was protected with carbolized oil, which was prepared in this wise: Procure, say, two pints and a half of raw linseed oil and boil it down to two pints, then add one pint of strong lime-water, and in order to ascertain whether or not the lime-water is good, saturate a linen cloth with it, after which lay the cloth near the stove or in the sun to dry, and if the lime-water is of the first quality, the cloth, upon drying, will be black. Add to the oil thus prepared and mixed with the pint of lime-water, three drachms of solution carbolic acid, and apply Parkes' prepared cotton, saturated with this solution, keeping it well oiled, especially during the night, and the patient will never, at any time during the treatment, suffer much pain. The hot water bathings should be repeated three or four times during the day."

AN ULCER NUSSBAUMED.—After a liberal trial of the grafting process, and a patient and conscientious use of Esmarch's elastic bandage, the two being the latest novelties in the way of treating chronic ulcers, be they indolent or irritable, or both, I come back with more confidence to the operation suggested a few years ago by the distinguished surgeon Nussbaum. By it I have succeeded in curing these troublesome affections more surely, speedily and permanently than with any other plan.

The case before you is an indolent, irritable ulcer, involving the skin over the internal malleolus. It has been treated in a variety of ways; occasionally it seems upon the point of yielding; it grows less and begins to heal, but upon the slightest provocation it reasserts itself. Upon exposure to cold, or after fatiguing exercise, the healed portion yields, the irritability returns, and the ulcer is soon of its original size—more indolent and painful. I now make an incision around it one-half an inch from its margin. This incision must go through the skin, it must reach the cellular tissue above the muscles. By it you divide the vessels, the numerous adventitious vessels, developed in the peri-ulcerated skin that feed the morbid process. In this way you cut off its direct and too liberal supply of blood. Into this canal you stuff lint and leave it there for twenty-four or thirty-six hours, long enough to prevent the severed tissue from rejoining by first intention. This is especially important with the arteries; they must not be allowed to unite.

In a short time the ulcer will begin to shrink; day by day the healing progresses, and in a week, or probably two, it will have disappeared.

This case was shown to the class three weeks after the operation. The ulcer had been healed, but a mistake had occurred in leaving the lint too long in the canal; it remained five days, and in that time suppuration had occurred in the floor. The repair in the canal required as much time as the ulcer.

The dressing after the operation is simple. Cold water for forty-eight hours, after that lint saturated with oil, simple cerate or. vaseline.—*Cin. Lancet and Clinic.*

LOCAL TREATMENT OF ECZEMA.—Dr. Piffard, professor of dermatology in the New York University, in a recent article on this subject, advises the hypodermic injection of arseniate of sodium into patches of infiltrated eczema. He uses solutions of one fifth, one half, and one per cent. For a single patch of moderate size a single injection of five to ten minims of the one per cent. or one-half per cent. solution is made. If the patch is larger, or if there are several of them, the weaker solutions are employed, and two or more punctures made in the larger patches or distributed among the smaller ones. The injections are to be repeated at intervals of two or three days. He has seen no undue reaction from them. Another method employed by him to reduce infiltration is the application of some of our native "acro-narcotics" to the affected parts. Among these hydrastis and its derivative occupy in his opinion the first rank, and next in usefulness the iris versicolor. Of the latter he makes a tincture from the root, and rubs this up with simple ointment until the alcohol has evaporated. By these means he believes the absorptive function of the capillaries is stimulated.—*Boston Med. & Surg. Journal.*

THYMOL SOLUTION IN UTERINE DISEASES.—In a paper read before the Rock River Medical Society, and printed in the *Medical and Surgical Reporter*, Dr. H. P. Wenzel, of Theresa, Wis., discusses the subject of procidentia uteri. As a uterine support, he gives his preference to the instrument manufactured by Dr. Staufer, of Philadelphia, that having in his hands, from certain peculiarities of composition in its material and mechanical construction, proven itself superior to any others he had tried. He regards it as the supporter *par excellence.*

As a local application by way of injection in ulceration of the os, he found great benefit from thymol, of which he says:

"An extensive trial during the last six months, in diseases of the womb, convinces me that it is a valuable adjunct in uterine therapeutics, and superior to carbolic acid.

(1) It can not be made strong enough to act as a cauterant; thymol in substance feebly cauterizes.

(2) Thymol solution destroys the fetor instantly and effectually.

(3) Thymol solution leaves the grateful odor of thymus vulgaris.

(4) Thymol solution heals the ulcer more rapidly.

(5) There is no danger of toxic symptoms following the local application of thymol solution; it may be taken internally more freely than carbolic acid without producing dangerous consequences."

TWO FORMULÆ OF LA CHARITE—ANTI-EMETIC AND VERMIFUGE.—For that kind of vomiting called nervous because it does not correspond to any organic lesion, there are already many formulæ; but how often do they fail! It cannot therefore be said that one more is too many, especially when it has been approved in the hands of so distinguished a practitioner as M. Empis. He directs the following mixture to be boiled for some minutes: strychnine, 1 centigramme ($\frac{1}{5}$ths of a grain); alcohol, 1 gramme; water, 99 grammes; then to throw the whole on a filter of paper, which retains the undissolved strychnine. Chemists pretend that this alkaloid is completely insoluble in water thus alcoholised; one of them even defies M. Empis ever to find the least change in weight in what he collects upon the filter. However, the liquid which passes through possesses a very great bitterness, which is proof enough that it has dissolved something. M. Empis usually gives this liquid in the dose of three tablespoonfuls in the day. It is not unusual to see the vomiting stop after the first.

Another means, not less relieving, and also very efficacious, is a method recommended by M. Laboulbéne for destroying the oxyures or small thread-like worms infesting the anal folds, causing such insupportable itching, and which are so difficult to get rid of. This means consists in injections of syrup (or molasses) or glycerine. Every oxyures touched by these liquids soon disappear, and as there is nothing irritant about them, they can be repeated often enough to exterminate every adult, and consequently destroy the race as soon as the eggs previously deposited shall have been destroyed.—*Gazette des Hopiteau—Canadian Journal of Medical Science.*

POSTERIOR TORTICOLLIS AND ITS TREATMENT BY FORCED RUPTURE OF THE MUSCLES AND BY THE APPLICATION OF SILICATED BANDAGES.—Contrary to classical theories, the author finds torticollis by retractions of the posterior muscles to be the most frequent. He observed it in eighteen out of twenty-two cases. The causes are very different; cold, traumatism, angina, cervical adenitis, anthrax, burns, etc. The question of treatment was long ago discussed by Delore, who as early as 1863, at the congress of Lyons, criticised the too frequent use of tenotomy and myotomy, In the majority of cases he thinks that the equilibrium can be restored by manipulation and splints, when once the correct position is obtained. By his treatment he obtained complete success in sixteen cases without the use of section.

His mode of operation is as follows: The patient, being anæsthetised, is held in the sitting posture by attendants. The head is grasped and made to rotate gradually and to incline in the opposite direction to the contracted muscles. The audible snapping announces the rupture of the bands of fibres, and at the end of five or ten minutes the straightening of the head is complete. Silicated bandages are immediately applied, embracing the neck, the chest and

the head, and the whole is strengthened by a strip of pasteboard. This appliance is generally well borne, and it ought to be left in position for a month at least. A new bandage should then be applied if any contraction is noticed.—*By X. Delore (Gaz. Hebdom, March* 15, 1878.)—*Maryland Medical Journal.*

IRON WHICH WILL NOT RUST.—London *Lancet:* Prof. Barff's invaluable invention, by means of which he gives to ordinary iron an incorrodible coating of the magnetic oxide, is one which is likely to be of great service to the cause of practical hygiene. The process is exceedingly simple, and consists merely in subjecting the iron to the action of superheated steam, the steam having a temperature of 1500° Fahr The finished article has a dull black appearance, and is susceptible of a slight degree of polish, if necessary. All the agents which usually cause oxidation of iron exert no action upon Barff's iron. Salt or fresh water, vegetable acids, and even the London atmosphere are unable to produce the slightest tarnish or impairment of quality. The cost of the process is but trifling, and is cheaper, we believe, than "galvanizing," and much cheaper than the constantly recurring necessity of painting Its application to sanitary purposes is obvious. It will be a great boon to have water-closet pans, soil-pipes, traps, and urinals that do not corrode. For water-pipes the black iron will be invaluable, and also for water-cisterns. For cooking it is quite equal to copper, and does not lead to the occasional danger of copper-poisoning which arises when copper utensils are employed. We trust a suitable short name will be found for "iron which has been coated with magnetic oxide," for it seems very undesirable to use eight words where one or two would do. Why should not Barff's iron become its accepted title.

HOW TO AVOID LEAVING SCARS.—At a conversational meeting of the Philadelphia County Medical Society, Nov. 13th, 1878, it was addressed by Dr. John H. Packard on "Some Surgical Wrinkles." The first point he discussed was a method of making superficial incisions by which scaring can be avoided. In operations upon exposed parts, such as the face and hand, it is very desirable that they shall be so done as to leave as little scar as possible, The procedure recommended was first suggested by witnessing the effects of an accident, a lady having fallen while carrying a china dish, a piece of which made a long gaping incised wound in her hand, the sharp knife-like edge having cut through the skin very obliquely. The wound healed readily, almost without a scar. A few weeks after the traces of the injury could scarcely be discovered.

Thinking that this effect was in a great measure due to the direction of the incision through the skin, the speaker tried the experiment in cutting down upon a tumor of the thigh, holding the knife so as to divide the skin obliquely. The wound united perfectly, and after it had healed he actually could not find the line of incision. Since that time he had tested the idea in numerous other cases with highly satisfactory results. In small superficial operations such as the removal of small tumors from the face, it has a cosmetic advantage that at once recommends it.—*Cincinnati Lancet and Clinic.*

TREATMENT OF NÆVUS BY SODIUM ETHYLATE.—At a recent meeting of the Medical Society of London, Dr. J. Brunton read a paper upon this subject. The substance is obtained by adding metallic sodium, piece by piece, to absolute alcohol in a wide-mouthed bottle. It is added cautiously until effervescence ceases, when a crystalline substance is deposited. When brought into contact with water it is decomposed into sodium hydrate and common alcohol. Laid upon dry skin but little reaction follows, but in the presence of moisture caustic soda is produced as water is eliminated, and a gradual destruction of tissue follows, which may be hardly perceptible, or so intensified as to act almost like a cutting instrument. The pain may be checked quickly by dropping upon the part a little chloroform, which decomposes the alcohol. Dr. Richardson stated that the ethylate acted by taking up water from the tissues and reforming alcohol, which coagulates the albuminous compounds, while the liberated soda acts as a caustic. The scar tissue which results was described as slight.—*Boston Medical and Surgical Journal.*

THE OIL OF AMBER IN ANGINOSE AFFECTIONS.—Dr. A. R. Fink, of Philadelphia, recommends very highly the oil of amber for the relief of the neuralgic element of anginose affections. In support of this he cites several cases treated by this drug with marked success. It was only used in conjunction with other treatment, but the pain ceased so invariably on the use of the amber, and, in several cases, reappeared so quickly on its disuse, that, in Dr. Fink's opinion, there could be no question as to the causal relation of the administration of the amber to the relief of the pain. It is the presence of neuralgic pains, and not the organic or functional character of the heart affection, that indicates the use of this agent. Hysterical angina frequently receives the happiest relief from the addition of from eight to ten drops of the oil as an anti-hysterical dose, repeated every twenty minutes.—*Medical Times*

A SYMPTOM OF PREGNANCY NOT SPOKEN OF BY AUTHORS.—Dr. S. C. Dumon says: I have discovered a symptom of pregnancy that can be relied upon, that I don't see mentioned by authors on mid-wifery. By carrying the finger up to the os in the first weeks of pregnancy, the odor will be that of vernix caseosa, which is a sure test of pregnancy, and need not be mistaken by any one. I cannot state positively

the exact time when this may be detected, but I have noticed it in three or four weeks after conception, and I think it might be detected sooner.—*Cincinnati Lancet and Clinic.*

BREECH PRESENTATIONS.—Dr. T. Gaillard Thomas says in a clinical lecture: Never hurry the early stages. Carefully refrain from bringing down a leg with the finger or blunt hook, but wait until the breech presses on the perineum; then turn the woman across the bed, and give a hypodermic injection of ergot. Remember the delivering force must come from above; have an assistant ready to press with all his force as soon as the cord can be reached, urging the woman to bear down with all her might. The result is usually a very speedy delivery, as soon as the finger can be got into the mouth.—*Medical and Surgical Reporter.*

TREATMENT OF OBSTINATE HICCOUGH BY PILOCARPINE.—Dr. Ortille, of Lille (*Bull. Général de Thérap.*, 1878), gives an account of a case of obstinate hiccough in which after trying all the usual remedies, he had recourse to electricity. For a few hours the application appeared to prove successful; but the hiccough returned. Remembering what he had read of the action of pilocarpine upon the phrenic nerves and of the vomiting which often follows its use, he injected two-fifths of a grain of pilocarpine under the skin. The effect was almost instantaneous. A quarter of an hour after the injection the patient was covered with sweat, salivation was established, and the hiccough had definitely ceased.—*Lond. Med. Record.*

SULPHUROUS ACID FOR ABSCESSES.—At a recent meeting of the Clinical Society of London, Mr. Osman Vincent described a method by which he had opened eighteen lumbar abscesses without a fatal result. The abscess was first opened and then injected with a solution of equal parts of sulphurous acid and water, after which a poultice was put on. Next day the injection was renewed and some tenax applied. The treatment went on till the cavity healed up. The injection sometimes gave pain. Sometimes the fluid returned clear, and at other times black. When sulphurous acid was injected, it acted upon the pyogenic membrane, and then pus did not reform.

PERFUMED IODOFORM.—This is one of the latest novelties. The solution of it which was presented at the Dublin Pharmaceutical Conference was prepared by soaking tincture of iodine with a fragment of fused potash until the color was removed, and covering the odor of the iodoform produced by the addition of eau de cologne or lavender water. Lint dipped in this solution, and afterwards dried, proved a pleasant and efficient application to indolent ulcers.—*Cincinnati Lancet and Clinic.*

Formulary.

VILLATÉS MIXTURE IN THE TREATMENT OF SINUSES.—In several deep sinuses under treatment in Charity Hospital, N. Y., in which no necrosed bone could be found, but which proved intractable to heal, Villatés mixture was injected, first of half strength and then full strength, once a day. The following is the composition of the mixture :

℞.	Liq. plumbi subacet. . .	ʒ j. . . .	(4	00)
	Zinci sulph. cryst.			
	Cupri sulph. cryst	ää ʒ ss. .	(2	00)
	Aceti vini albi.	ʒ vjss	(26	00)

Mix.

PARESI'S HÆMOSTATIC COLLODION.—

℞.	Officinal collodion	ʒ xxv.	(100	00)
	Carbolic acid (pure.) . .	ʒ ijss.	(10	00)
	Tannic acid	ʒ jʒ.	(5	00)
	Benzoic acid	ʒ ʒ	(3	00)

Mix. Second art.

A VALUABLE EXPECTORANT.—Dr. Kessler, (*N. Y. Med. & Surg. Brief*) recommends the following :

℞.	Picis liquidæ	gtt xx	(1	20)
	Spts. nit. dulcis	ʒ i. .	(4	00)
	Syr. simplicis.	ʒ ij.	(64	00)

Mix. Dose—a teaspoonful.

BITTERS.—The *Druggists' Circular* picks the following formula for "bitters" from "Hager's Pharmaceutical Praxis"

Wormwood.	ʒ vj. . . .	(24	00)
Gentian root.	℥ iss. . . .	(48	00)
Angelica root	ʒ iss. . . .	(6	00)
Galangal root.	ʒ ijss. . .	(10	00)
Ginger.	ʒ ijss. . .	(10	00)
Cinnamon.	℥ ss	(16	00)
Cloves.	grs. x1v..	(2	70)
Orange buds	℥ ijss . . .	(80	00)
Oil of lemon.	gtt. xxv . .	(1	50)
Oil star anise.	gtt. xx. . .	(1	20)
Oil cassia.	gtt. xxx. .	(1	80)

To one gall. whisky.

FOR FROSTED FEET AND HANDS.—

Almond oil.	℥ ss. . .	(16	00)
Beeswax.	ʒ ss. .	(2	00)
Spermaceti.	ʒ i . .	(4	00)
Peruvian balsam.	℥ ss. .	(16	00)
Conc. muriatic acid. . . .	gtt. x1v	(2	70)

FOR CONSTIPATION.—In constipation due to inertia and deficient secretion of the bowels :

℞.	Ext. nucis vom.	gr. vj. . . .	(	36)
	Ext. belladonnæ.	gr. iij. . . .	(	18)
	Pulv. ipecac.	gr. xij. . .	(	72)
	Ext. colocynth	co. gr. xxxvj.	(2	16)

Mix. Div. in pil. no. xij.

Sig—one at bedtime.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, JANUARY 25, 1879. No. 2

Editorial.

THE PROPOSED MICHIGAN MEDICAL ACT.

We think the importance of this subject will be considered a sufficient apology for another reference to it. We are in receipt of numerous communications containing numerous suggestions, which we should be delighted to publish did our space permit. The main point to be insisted on is the necessity for some sort of protective legislation; protective not only as far as the profession is concerned, but also to the people. The time intervening between now and the date fixed for the introduction of the bill, February 15, is too short to admit of an exhaustive discussion. Any remarks or suggestions from those interested should, from this time forward, be sent to their representatives. We understand that at the opening of the session interest in the bill on the part of the representatives amounted to little more than indifference, but that things have already begun to assume a different shape. The profession can do much towards intensifying this interest, and the way to do it is for each physician to write to his representative urging the necessity of some legislative action. This much every one can do, and if the profession throughout the State will but take the pains to do it, the influence would be marked.

It should be understood that a bill has already been drafted and that it is in the keeping of Representative Col. Ward, of Berrien County. It is especially desirable that there should not be a multiplicity of these bills. Should any one have any features which he would wish to be incorporated, Col. Ward will be pleased to confer with him. The time for decisive action has arrived and we trust the opportunity will not be allowed to pass unimproved. There are a few who affect to look with indifference on this movement, but we are glad to learn that their number is small. There are, moreover, a few sticklers who would not be contaminated by the contact with "irregulars" which must be necessitated by any bill which stands any chance of becoming law. It is fortunate, however, that these contracted views are limited to an insignificant number of the profession, and we apprehend but little drawback from this source.

CASCARA SAGRADO.

The controversy on this new drug, which originated in the report by Dr. W. P. Gibbons, referred to in our issue of December 25th, has taken quite an unexpected turn; but a turn, nevertheless, which is not at all surprising. The thorough exposé which we took occasion to make of the true inwardness of the attack on this, with the other new remedies assailed, has had the effect of causing a little deeper scrutiny into the merits of the case, and into the motives of the prime movers in the attack. We conjecture that the "member of a wholesale drug house in Cincinnati," who sought to make tools of reputable physicians to gratify a little personal animosity, will find that his efforts in that direction in the future will be signal failures.

The *Pacific Medical and Surgical Journal*, which, we supposed, was endeavoring to condemn certain of the new Californian remedies recently introduced, by placing them in the same category with cundurango and some other quack preparations, in its January number, disabuses our mind of this impression. It says that the article by Dr. W. P. Gibbons "has been misinterpreted in certain quarters as denying medicinal virtue to the plants in question. The object was to expose the deception of introducing preparations of old remedies under new names, and claiming originality without deserving it. Several of the plants in question are really valuable."

The value of the plants being conceded, the introducers are relieved of the imputation of foisting on the profession worthless preparations, and the discussion now reverts to the question of originality. As far as we have been able to ascertain, no such claim has ever been made. On the contrary, the fact has been constantly kept before the profession that the plants in question have been long in repute with the Spanish residents of California. This being the fact, the report by Dr. Gibbons, which was brought into such prominence by designing rivals (?) of the manufacturers of the preparations to which it referred, has been completely emasculated.

The *Pacific Medical and Surgical Journal* treats us to the etymology and corrects the orthography of some of the names of the new remedies: "Cascara (bark) Sagrada (sacred) is the Spanish name of Rhamnus Purshiana, and means simply *sacred bark*. The adjective should end in *a*, and not in *o*, as it is commonly spelled. The Spanish or Mexican population of the coast had a number of medicinal herbs which they employed in default of officinal plants. Not knowing the botanical names, common names were given, indicating their supposed good qualities. 'Yerba santa' was holy herb, 'yerba buena' good herb, and so on." We trust that this quotation will further relieve the introducers of the new remedies of the imputation that the names they attached to them were their own invention.

We have devoted considerable space to the consideration of this subject, but not more we think than its importance demands. We have no further interest in the matter than a desire for fair play. This is a question which rises superior to the interest which any manufacturing chemist may have in the matter. We are of the opinion, moreover, that the regular profession are too chary of new drugs and thus too often allow others to reap the credit which belongs to the introduction of really valuable agents. It is not the part of wisdom to look with suspicion upon a remedy simply because it is new. It behooves us in medicine as well as in morals to "prove all things and hold fast to that which is good."

A Learned Judge's Views Concerning Medical Ethics.

It is notoriously a fact that the clerical and legal professions are largely given to quackery when they have to do with their sister profession of medicine. Intelligent, of course, and of sound judgment on other things, they display a lamentable credulity on the subject of medicine. The credulity of the clergy, in particular, has become proverbial. There is scarcely a medical humbug or nostrum before the public to which there is not attached numerous certificates of excellency signed by clergymen. Be it far from us to impugn the motives of these good men. We can only account for their phenomenal blending of intelligence with credulity and ignorance (harsh words, but expressive) on the hypothesis that their mental training leads them to allow the element of faith to enter into other things than religion.

In the midst of so much deflection from the ways of scientific medicine it is refreshing to read the following. The occasion of it was the application of Aikin for an injunction to restrain the Illinois State Board of Health from revoking his license because of his unethical conduct. He alleged that the law under which the Board was organized was unconstitutional, because it restricted his natural right to practice medicine without supervision of the State. On this point the learned judge expressed himself as follows:

"In a certain sense it is true that every man has a natural right to follow out the bent of his inclination, and be a clergyman, a lawyer, a doctor, a scavenger, a peddlar, an auctioneer—just as he may choose. But it is not true that a man can practice any one of these professions except he does it upon such terms as the law imposes, and the law can impose just such terms upon any one of these professions as the legislators, in their discretion, deem most for the interest of the community. Men who have the property and lives of others especially intrusted to their keeping, ought to be men of skill and learning in their several departments. More than that, it is of the utmost importance that all dishonor and dishonesty should be expelled from the learned professions, and the tenddency of legislation has always been to effect

this result. If, then, a man has the natural right to be a doctor, he professes that right subject to every restriction which the law may have created subsequent to his entrance upon that profession, and which restrictions shall tend to secure for it upright, honorable practitioners, and to elevate the profession and make it more beneficent in its influence upon, and relation to, society."

DEATH IN A KISS.

The recent untimely death of the Princess Alice has brought into prominence certain facts in connection with diphtheria, of which she died, which would probably have been unheeded had the victim been less distinguished. It appears that the Princess was a martyr to a mother's love. Disraeli (Beaconsfield), with inimitable pathos, described to the British Parliament the manner of the royal mother's infection, and while touching the hearts of his hearers with the story, he drew attention to a very important fact in connection with the contagiousness of the disease. The first member of the family who contracted the disease was the Princess Victoria, aged sixteen. She was taken with it on November 6th, between which date and the 14th, six other members of the family were infected. The Grand Duchess (Princess Alice) and her daughter, Princess Elizabeth, alone, of all the family, escaped the first attack of the disease on the household. As each member was attacked, scrupulous care was taken to avoid contact with the other members of the family. As long as these precautions were observed, the disease was confined to those originally infected—not another member of the household, sixty in number, being attacked. In the case of the Princess Mary, aged four, the result was fatal, and it was in her grief that the Princess Alice disobeyed the injunctions of the physicians, embraced her dying child, and contracted the disease which took her off.

The lesson of this pathetic event is too obvious to be misunderstood, although it is daily disregarded. Physicians cannot too rigidly insist on the suspension of the habit of kissing during the prevalence of diphtheria. It cannot be doubted that many of the sore throats which are seen during such prevalence, although not distinctly diphtheritic, are, nevertheless, of that nature, and are capable of being the foci of infection through kissing.

We refer with a good deal of satisfaction to the list of those who have remitted for the NEWS for '79, published on pages 25 and 26 of this issue. We have to say by way of apology to those who have received bills after they had remitted, that in some instances the agents through whom the remittances were made had not reported at our last issue, and in other instances, through an oversight, the names were not checked off last year's subscription list. We hope this explanation will relieve the minds of some who were annoyed by the receipt of the bills referred to. We trust it will not be necessary again to remind our readers that we do business on the pay-in-advance plan. Dunning is an unpleasant operation and we hope to be relieved of the necessity of resorting to it. We aim to give value received, and to do so we must be supplied with the sinews of war.

Book Notices.

MODERN MEDICAL THERAPEUTICS: A compendium of recent formulæ and specific therapeutical directions from the practice of eminent contemporary physicians. By George H. Napheys, A.M., M.D. Sixth edition. Enlarged and revised. Philadelphia: D. G. Brinton.

We are pleased to see another edition of this valuable work—pleased both on account of the intrinsic value of the work itself, and because of the evidence afforded by the fact of its following so closely on the preceding edition, that the enterprising publisher is being properly encouraged. Naphey's Medical Therapeutics is one of the books which, when once their merits are known, are regarded as among the indispensables to the working doctor. If it has a drawback, it is that it is too practical, and we apprehend this will hardly be regarded as a fault by those for whose use it is more particularly intended. We should hardly recommend it for the student, but it is one of the first books we should select for the practitione

MANUAL OF PHYSICAL DIAGNOSIS. By Francis Delafield, M. D., and Charles F. Stillman, M. D. New York: Wm. Wood & Co.

This manual is intended, we are told in the preface, for the use of those who have to teach and to learn the art of physical diagnosis. It is made as concise as possible, and bound interleaved, that it may be taken into wards and used as a note-book, as well as a guide. It is founded on Walshe, Flint and Gibson. The illustrations are a series of super-imposed plates, the superior of which represents the exterior of the chest. Succes. sive removals of these plates reveal the structures reached from without inwards, and give a very clear idea of the topography. Of especial use to the student, its attractions are by no means confined to this class.

LECTURES ON PHYSIOLOGY. By James T. Whittaker, M. A., M. D., Professor of Physiology and Chemical Lecturer in the Medical College of Ohio, etc. Illustrated; pp. 288. Price, $1.75. Cincinnati: Chancy R. Murry.

This seems to be a work intended more for popular reading, or for more advanced high school students, than for medical men. It is quite elementary, and is liberally interlarded with quotations from the poets. It is a little work, however, which may be taken up at odd moments and read with pleasure, its style and diction being quite different from that of the regular works. It is, moreover, one of the best, if not the best, books we know of to place in the hands of the young man just taking up the study of medicine. It will, we are confident, interest him in the study of physiology, and qualify him for more thorough reading.

Original Articles.

Homœopathy in Europe.

BY DR. W. R. BIRDSALL.

[The following letter, written to Prof. E. S. DUNSTER, will, we think, be read with interest.]

At your request, I promised that while in Europe I would obtain for you what facts I could concerning homœopathy and its relation to regular medicine in the different countries which I should visit. A short time since I was unexpectedly called home on account of my father's illness. I was in Paris at the time, where I expected to remain until spring; then to go to London to spend the spring months. This being my plan, during my comparatively short stay in England and Scotland on my first arrival in Europe, I did not obtain much information there which would be of interest to you. The same is true regarding France; so that I will be obliged to confine my remarks mostly to my observations in Austria and Germany, where the greater portion of my time was spent. Most of the few facts which I am able to present are necessarily second hand, for there is really not much to *observe* about homœopathy where I have been. It is so much a thing of the past, that both the profession and the laity seem to have very little interest in it, and unless one makes special efforts but little information is to be obtained. I am particularly indebted to Dr. Seligmann, Professor of the History of Medicine at the University of Vienna, and what I am about to state, I state on his authority, and as near as possible as related to me by him. As he is now an old man, he has lived to see the rise and fall of homœopathy in Vienna; being at the same time a man who, on account of his position, has had his attention particularly drawn to this subject; and being apparently very candid, and free from prejudice in the matter, I regard his statements as particularly valuable.

Homœopathy reached its highest point of glory in Vienna, at about the same time that the "New Vienna School of Medicine" was being placed upon a sure scientific foundation, by such men as Skoda, Rokitansky, and Oppolzer, by the introduction of more accurate methods of observation. About this time, one Feit, a graduate in regular medicine, who later had taken up veterinary surgery, came forth a champion of homœopathy; later still he joined the priesthood, in which he remained until his death; always a firm believer in, and advocate of homœopathy. According to Prof. Seligmann, whose partic. ular friend he was, he had a fine poetical nature; was in fact more a poet than a man of science; and his faith in homœopathy was founded upon his religious belief: that all was possible with God. Thus, honest in his opinions, he satisfied his feelings and quieted his reason; circulating in the society of the nobility, and having influence, he soon made homœopathy a fashionable novelty. From a financial point of view it was indeed a "God-send" to the poorer portion of the nobility, who together with others must, heretofore, pay not only the physician's bill, but as well the often more expensive one of the apothecary. Later a compromise was made. The homœopathist said: "You must acknowledge that the old school practitioners cannot cure disease, even with the quantity of drugs they force you to take. We, on the other hand, cannot tell you what your disease is; we cannot make a diagnosis. Call in your diagnostician then, if you must, he will give you a diagnosis, after which, we will take the patient to cure." And it was not an uncommon thing in

those days for Prof. Skoda, and others, to examine a patient, give their opinions, and then step aside for the homœpathic "healer" to come in and take the case. It was undoubtedly as difficult then as now to refuse the fees of a prince, or count. In later years this practice was not continued to any extent, although I know that even now it is adopted by at least one of the best physical-diagnosticians and teachers in the Vienna School of Medicine. He does not counsel with the homœopathist, (?) he calls, gives his diagnosis and prognosis, then leaves. After the death of Feit, homœopathy began to lose ground in Vienna, and at present, twenty years later, has but few representatives.

No one is permitted to practice medicine in the Austro-Hungarian Empire, who has not a diploma from one of the government medical schools, so that those who practice homœopathy must also have passed the regular examination. What I think will be of particular interest to you, is the condition of affairs in Hungary, as it corresponds somewhat to the relations in Michigan. A few years ago a successful attempt was made to introduce the teaching of homœopathy at the University of Pesth, by the establishment of two professorships and a hospital for that purpose. Hungary, having a more liberal constitutional government than most monarchical states, it was claimed that the people demanded homœopathy, and that it should be taught in the state medical schools. Professor Seligmann said that he was informed that the bill was carried, largely, through the influence of those members of parliament who were free-masons. The physicians who originated the plan and afterwards filled the professorships are free-masons. The homœopathic course was made elective, supplementary to the regular medical course. During, the last two years an attempt was made in the Lower House of the Austrian Reichsrath, to introduce a similar change at the University of Vienna, but without success. Professor Seligmann reported, on the occasion of the discussion of the bill, the condition of affairs at Peth. He found on good authority that the greatest number of students at any one lecture, during the whole time, was six; and that often, the only hearers of one professor were the other professors and the assistants of both. He showed that it was rather an expensive affair for a government to make experiments, to satisfy the various sects in medicine; that the history of homœopathy showed that it flourished while it was persecuted and opposed, but that since its introduction at the University of Pesth, it had gradually lost ground. An interesting and portentious fact is, that the society of Homœpathic Physicians in Vienna presented a protest against the proposed introduction of homœopathy, claiming that homœopathy could stand on its own ground and did not need state aid. They were wise enough to see that the farce at the University of Pesth would only be repeated at Vienna, and would be more detrimental than useful to them.

This is the only case which I have been able to find, in Europe, where homœopathy is under the support of government, and this is offered only as an experiment.

There are two or three private hospitals (homœopathic) in Vienna which it would be well to speak of; as comparisons are frequently drawn between them and the General Hospital of Vienna (University), by statistics. A physician who visited them for the purpose of making comparisons and observations, said to me, that it was easy to see why they could show better results, in mortality reports, at the homœopathic hospitals, than at the General Hospital. The former are small and clean, and they are very particular about the class of cases which they admit. In the latter, the deaths in Prof. Billroth's wards alone are sufficient to account for the difference. Prof. Billroth, although a most skillful operator, has an enormous number of cases in which he operates with the understanding that the chances are immensely against the patient, cases which come to him as a last resort. Then, the hospital is a general resort for the poor; great numbers of whom come there to die of that disease which carries off such a large portion of the inhabitants of Vienna—phthisis. In short, such a hospital cannot be justly compared with small private institutions.

I may state here, that, out of fifty or sixty Americans studying medicine at the Vienna General Hospital last winter, eight or ten were homœopathists; at least sailed under homœopathic colors. As one meets physicians from nearly every land in Vienna, I had opportunity to put many questions relating to homœopathy. It undoubtedly thrives best in the United States, England and Scotland following next; and on the continent it is decidedly scattering. I could not find that much notice was taken of it in South America. A physician in an official position at Christiana, informed me that there was but one homœopathic physician in that city, and that he knew of no other in Norway. Breslau, a city of about two hundred and fifty thousand inhabitants, said to be a centre for homœopathy, has, I am informed, not more than five or six homœopathic physicians.

While I was in Italy, I found a few homœopathic physicians in the large cities; mostly represented by Englishmen. I understand that a government examination is required to practice medicine, but they are not very strict about it, and many practice without it. In Germany any one can practice medicine, and must take the consequences, but no one can announce himself as a physician, who has not passed the government examination; the university diploma not being sufficient, as in Austria. Counseling with homœopathists is not usual, in Germany; there is seldom occasion for it, though it is not looked upon with quite as much horror as in this country. I asked a Berlin physician, who is an assistant at the Charité, and also on the editorial staff of one of the leading

medical journals in Berlin, if he would counsel with a homœopathist. He said he would hesitate in doing so, but under some circumstances he would.

In France, more than a year ago, an unsuccessful attempt was made to introduce homœopathy at the School of Medicine at Paris.

In Austria and Germany, the views regarding advertising is somewhat different from ours. It is common among respectable physicians to announce themselves as specialists. One sees, for example, a large sign on which is posted, "Dr. B——, assistant at the University Clinic for diseases of women;" and the sign "Dr. B——, Augen Arzt," is as much expected, from the ophthalmologist, as the sign "Dentist," for that special branch of surgery is with us.

Greene, N. Y.

Diphtheria and Scarlatina Exudation.

BY S. S. STAUFER, M. D.

I should be pleased to add a few remarks to Dr. Eberle's carbolic acid treatment, page 219, and Dr. Huse's additions of Lugol's solution, page 260, Vol. I. of the NEWS. In my earlier years of medical study, though I had selected as a specialty the diseases peculiar to women, I also gave some attention to the exudation of scarlatina and diphtheria. That these exudations are extremely poisonous, we cannot doubt, as numerous circumstances are on record where nurses, and even physicians, have been innoculated through carelessness, and with fatal results. It is plain that the mucous membrane of the throat secretes, or extracts, this poison from the the blood in two forms: One, the adhering, white, or buff colored patches; the other, a large amount of mucus, highly diluted, and consequently less poisonous. Thers is no question as to this tenacious mucus being an elimination of the blood. But the probability that nature has chosen the mucous membrane of the throat to eliminate this intense poison, visible thereon, has heretofore not appeared in print to my knowledge. I have had no deaths to report from diphtheria or scarlet fever since I based my treatment on this elimination probability. Whether this success and my method of treatment have the relation of effect and cause, or are mere co-incidences, your readers must themselves determine.

The exudation may be rubbed in pieces and made to let go its hold, by a small camel's hair pencil, dipped in a mild solution of carbolic acid, a mild Lugol's solution, permanganate of potassa, etc. A new crop forms in a few hours when the blood is heavily loaded with the poison, and this reappearance is one of the strongest confirmations of the eliminating theory. But on the other hand, let the carbolic acid, Lugol's, or any other solutions, be of caustic strength. so that the secreting power of the mucous membrane is destroyed, and the avenues of elimination blocked, and we find that no more new crop presents itself. The constitution, already depressed by the nature of the disease, must find a different outlet, or serious consequences will follow.

I do not see any reason for a controversy in these throat applications. I had learned from a medical journal, as long as sixteen years ago, that glycerine would dissolve these patches, and I verified in my practice the correctness of the statement, and what was true then is not less so now. I added, at a later period, a little carbolic acid, by reason of its antiseptic property, and in anticipation that it would increase the solvent power. The facility with which the mixture removes the patches, and that, too, without in the least injuring the mucous membrane, is truly remarkable.

I might add that I have applied carbolic acid also with excellent results in erysipelas, without knowing or understanding its modus operandi. Since I first noticed this property of carbolic acid, I have applied it successfully in all inflammations. Suppuration, if not wholly averted, is moderated, and swelling reduced. It is, however, well to bear in mind that poisonous effects may be reduced by absorption.

Constitutional Treatment. It is said that therapeutical agents will counteract and neutralize this poison in the system. I have no doubt that much may yet be discovered in this direction, but so far, almos every author and teacher has a theory peculiar to himself, and from this confusion I have not as yet been able to fully satisfy my mind that any particular medicine or combination of medicines is of reliable specific merit.

I have various other points of observation in store which I should delight to present, and shall do so at future time, if called on by the readers of the NEWS. I have now already trespassed upon the rules of this journal, the editor, on a recent visit, having attributed its success to the brief and condensed articles.

Philadelphia, Pa.

Cascara Sagrada.

BY C. HENRI LEONARD, M. D.

As a gentle cathartic, I have come to conclude that we have few remedies better than the Rhamnus Purshiana. Since its first appearance on the market, I have continuously made use of it in my practice, especially in female cases.

Constipation is a factor in nearly every one of the individuals of this sex that apply for treatment for trouble incident to their uteri, and it is a symptom that needs immediate attention, should we hope to speedily benefit the general and special health of our patient.

My usual combination is with potassic bromide, ergot, nux vomica and belladonna, and it makes an excellent cathartic (I do not think it is especially alterative) adjunct to this utero-sedative and tonic mixture. The formula is based somewhat as fol-

lows—of course, lessening or increasing the amount of the individual remedies as circumstances may require:

℞. Rhamni Pursh., fl. ext.....(32 | 00)
Ergotae fl. ext.....(32 | 00)
Potassii bromidi.....(16 | 00)
Belladonnæ, fl. ext.....(4 | 00)
Nucis vomicæ, fl. ext.....(6 | 00)
Aq. camphoræ, q. s. ad.....(128 | 00)

M. S. Teaspoonful in water after meals.

Oftentimes I give a dose at bedtime if the bowels are more than ordinarily indifferent to laxatives. In this class of cases there seems to be a sort of semi-paralysis of the intestinal nerves, thus inducing that wind-bloating of the bowels so frequently seen in these uterine cases. The nux vomica, by toning up the indifferently acting nerves, increases the peristaltic movement of the intestines, thus producing a more natural action of the bowels, and so, soon renders so large a dose of the cascara unnecessary. Sometimes, too, 16 grams of the fluid extract in a 128-gram mixture is plenty to secure natural movements; especially is this the case in weakly-conditioned ladies. Still, as a rule, in all of my cases of uterine troubles I have found some sized dose of the cascara as indicated above of great benefit. It is a remedy, too, that, I think, can be taken for a long time with impunity; leastwise my patients, after securing a regular action of the bowels, have not been thrown back into their former bowel-lethargic condition on the withdrawal of the laxative.

As a simple cathartic, given in doses of a quarter teaspoonful (about one gram) of the fluid extract before breakfast, in a little cold water, it will be found excellent. It has the advantage, too, of being pleasant to take, having none of that peculiar mawk ish taste of rhubarb that sickens so many, or of the ordinary salts (epsom).

A Remarkable Case of Abstention from Food.

REPORTED BY J. L. VALADE, M. D.

In 184 while teaching school at Stony Point, Canada West, a pupil of mine named Chovin, a girl aged six years, had never taken a mouthful of anything to eat. Her only nourishment was about four ounces of diluted milk, with a little sugar, daily. She carried with her to school a two-ounce vial of this liquid, and every twenty or thirty minutes during the school hours, would take a sip. I inquired of her parents whether that was her mode of life, and they answered in the affirmative, and that she had never nursed from the breast. I, being a young man, although reading medicine, did not feel warranted in going into a minute investigation of the case. In 1848, while reading with our late lamented Dr. Pitcher, I undertook to relate the case to him and Dr. E. Andrews. For my pains I was told that I had better not say anything about it, for I would not be believed. I therefore have held my silence until now, and am led to break it by the appearance in a New Orleans paper of an article in which is given the history of an idiotic boy, six years of age, whose sole subsistence is diluted milk. On reading this account, I wrote to the postmaster at Stony Point (as I had not been there since my teaching), inquiring what had become of the Miss Chovin who used to live without eating. The answer is as follows: "The girl you write about is still living. She is the mother of six children, fat and healthy, and still lives on her three ounces of milk per day, and nothing else. She says she remembers you well, and would like to see you, etc."

This freak is a new one to me, and should there be any doubt of the correctness of the statements regarding it, I would say that Stony Point is only 25 miles from Detroit, and that I am ready, at any time, to accompany the doubter to the residence of the *non mangeresse*.

Newport, Monroe County, Mich.

Cerate of Iodoform in the Treatment of Bleeding Hemorrhoids.

BY H. A. EBERLE, M. D., C. M.

There is no remedy that has stood the test in the treatment of piles in my hands as the above-named cerate. About a month ago I was consulted by a lady, aged 22, married, the mother of one child, who was suffering from bleeding piles. She stated that at each stool her suffering was great, and there passed from her a quantity of bloody mucus. She was troubled occasionally with constipation, at which time the evacuation of the bowels was attended with severe pain.

I ordered Cerate of Iodoform, ʒ ij.; an application to be made with the finger twice daily, and especially after each stool. At my next visit I was informed that there was no pain after the first application. The following prescription was left for constipation:

℞. Ext. Malt..... ʒ vj.
Cascara Sagrada..... ʒ j.

M. S. One dessertspoonful three times daily, after food.

By the time this preparation was taken up the constipation was entirely removed. My patient stated that only three or four applications were necessary to complete the cure.

The grand feature of this remedy lies in the fact that it completely and immediately arrests the pain, and the healing is very rapid where there are ulcerations. I have tested the remedy subsequently in similar cases, with always the same happy results.

This same Cerate of Iodoform is the best preparation I ever used for herpes about the lips and nose. In long standing blepharitis it has no equal. A simple cerate may be prepared in the following way:

℞. Iodoform in fine powder... grs. x.
Vaseline..... ʒ j.

Incorporate thoroughly.

Webster City, Iowa.

Correspondence.

How a Movable Pupil may be Uninfluenced by Light.

Editor Michigan Medical News:

In the issue of January 10th inst. of your valuable journal, in a review of my pamphlet on "Optic Neuritis," you express a desire that I should explain the following passage in the report of the case of Anna C. S.: "The pupils were dilated, readily movable, not influenced by light," etc. Aside from a desire to state facts as I found them, I wished to convey the idea that there was no paralysis of the sphincter pupillæ, which paralysis my readers might have supposed to exist, from the statement that the pupils were dilated and not influenced by light, had I not also stated that they were "movable."

In the normal eye, the most important function of the pupil is to regulate the amount of light falling upon the retina—the pupil contracting when the light is brilliant, and dilating when the light is dim. The object of this is two-fold: it prevents the overstimulating effect which a large amount of bright light would have upon the retina, and it also prevents the confusion of vision which would arise from the same cause.

This action of the pupil is reflex, and depends upon three conditions, viz.: a normal perceptive function of the retina, a normal conductive function of the optic nerve along which impressions are conveyed from the retina to the brain, and a proper transmission of a motor impulse back through the medium of the third nerve to the sphincter pupillæ. In the case of my patient, however, two of these conditions were wanting. The retinæ had lost their normal perceptive function, and were but slightly, if at all, sensitive to light; the conducting power of the optic nerve fibers must have been nearly, or totally, destroyed (the patient was *totally* blind), and consequently no impressions could be conveyed to the great nerve-center; and, as a result of these abnormal conditions, no motor impulse was transmitted from the nerve-center outward to the sphincter of the pupil. This, it seems to me, would account for the facts that the "pupils were dilated," and were "not influenced by light." That the pupils were movable still remains to be explained. The irides were in a healthy condition, and were capable of motion if the nerves distributed to them were intact; and that they were intact is shown by the absence of any paralysis of either the sphincter or the dilator of the pupils, and consequently there was no pathological cause why the pupils should not be movable. Neither was there any physiological reason why the pupils should not move, as we shall see presently. I think no one will deny that many other influences, besides light, may, and do, cause movements of the pupils. They constantly change their size in unison with convergence and accommodation—becoming smaller when the eye is accommodated for the near point, and larger when the accommodation is relaxed. Donders, whose authority none will dispute, has alternately contracted and dilated his pupil in this manner more than thirty times in a minute. Any one, who will take the trouble, may observe this for himself, and particularly in the eyes of children, in whom the pupils are very active. During natural sleep, the pupils are contracted; and this contraction of the pupils during sleep, in the case of my patient, has been noted many times since I first saw her—indeed, it has always been observed when looked for.

In many mental and nervous conditions the size of the pupils frequently change. There are many other causes which affect the size and motions of the pupils; but, as they have no direct bearing upon the case under consideration, it is not necessary to state them here.

C. J. LUNDY, M. D.,
43 West Fort Street, Detroit.

Editor of the Michigan Medical News:

DEAR SIR—I observed an alteration in the report of a case of melanotic sarcoma of the choroid that I sent you, and which appeared in your edition of the 25th ult. I am informed that the change thus made is leading to unpleasant confusion, which would not have resulted if the article had been published as I wrote it. I wish, therefore, that you would either give this communication an early insertion, or state editorially that the clause in my report of the case, page 270 of your journal for December 25th, 1878, should read:

"Dr. L. Connor, Professor of Ophthalmology in the Detroit Medical College," instead of "a professor of ophthalmology in Detroit." This will place the credit of ezerine treatment of such cases where it belongs, and, perhaps, relieve another party from the embarrassment of frequent explanations.

Yours truly,
L. M. GOODRICH, M. D.

UNADILLA, January 27, 1879.

Paragraphs.

Gough's opinion of alcohol as a medicine is that "it is very like sitting down on a hornet's nest—stimulating but not nourishing."

"Doctor, how is a man to tell a mushroom from a toadstool?" "By eating it. If you live, it's a mushroom; if you die it is a toadstool."

Dr. E. W. Jenks, of this city, has just returned from a visit to Cincinnati, where, we learn from the public papers, he was the recipient of profuse hospitality at the hands of his professional brethren.

The apothecary is a vial fellow.—*Yonkers Gazette.* In fact a very pestle-nt fellow.—*Porcupine.* These be mortar-fying facts.—*Yonkers Gazette.* The above

prescriptions were carefully compounded.—*Hackensack Republican.* You ought to be taken and well shaken, for the apothecary is one of the pill-ers of society—*Boston Commercial Bulletin.* To guard against accidents, in no case must such prescriptions be repeated without the writer's permission.

Dr. Kerr, in the *Medical Press and Circular*, says that if it were not for drinking, the great mass of the profession might retire to-morrow, because it is the one thing of all others combined which gives them employment, whether it be the secret drinking of the ladies or the open drinking of the gentlemen.

CLEAR DIAGNOSIS.—A certain doctor in Webster City, Iowa, after treating a case of eczema for several weeks without any relief to the patient, was asked what name he gave to the disease. The doctor replied that "it was somewhere between the itch and erysipelas."

Another "thoroughly educated" M. D. of the same place states that he can tell the exact height of temperature by simply touching his patient with his hand. He states that his wife has a constant temperature of 110° F. We should think a wife like that would make it rather hot for a man.

The number of deaths from the late epidemic of Yellow Fever is placed at 5,805. The amount contributed by American cities for the relief of the sufferers was $1,320,000. Of this amount Detroit contributed $24,000 In addition to the above contribution $39,000 were sent from Europe, making a grand total of $1,359,000.

The supreme court has ordered a new trial in the case of Newcomber *vs.* Dr. Van Deusen, late of the Michigan Insane Asylum. Its rulings on the testimony submitted will materially strengthen the defense in the event of a new trial.

Dr. Van Deusen is suffering considerably from the annoyances incident to the position he occupied. Another ex-lunatic, in one of the state papers, brings grave charges against him, and the legislature now in session considers them of sufficient importance for an investigation. We tender Dr. Van Deusen our sympathy in these annoyances, but know that no one more readily than he will court an investigation of his official conduct.

Selections.

THE USE OF THE ACTUAL CAUTERY.—Dr. Agnew, in his *Surgery* (p. 76), characterizes the actual cautery as "a rude weapon of torture," an expression that we read with surprise, and cannot but believe is erroneous and unjust. It is an indispensable and most valuable implement at times. That eminent surgeon, Mr. Henry Lee, of Guy's Hospital, London, has an article in a late number of the *Lancet*, on the value of the hot iron as a styptic, etc. We allow ourselves two quotations from it:

"Before the introduction of anæsthesia into surgical practice, the use of the actual cautery was justly regarded as a barbarous and cruel proceeding. The traditions of one age descend to the next, and the application of a hot iron to the body is still regarded by the public, and even by some members of our profession, as a thing not to be tolerated in scientific surgery. All objections to the use of the actual cautery vanish, however, so soon as it can be said that it can be used without giving pain.

* * * * * *

"The actual cautery has the great advantage of closing the veins as well as the arteries, and thus removes one of the gravest sources of anxiety to the surgeon, inasmuch as the great danger in surgical operations arises from the absorption of septic agents through unclosed veins. The ligature of a vein, as is well known, is not unattended with risk, for the obvious reason that during the time that the ligature is separating, a certain amount of suppuration necessarily takes place, and the products of that action may give rise to septic absorption. The actual cautery, therefore, possesses a great advantage over the ligature, as far as the veins are concerned. The danger of blood infection, though in a much less degree, obtains when an artery is tied. In a vein the current of blood is toward the center of the circulation, and in an artery from it. When mischief arises from the cause mentioned, after an injury to an artery, the effects are usually seen in the peripheral circulation. When venous absorption takes place, the results are generally manifested in the central organs."

We also note that in the *Bulletin de Therapeutique*, October 15th, Dr. Trudeau states that in Dr. Labbée's practice most excellent effects are obtained from the employment of the actual cautery in the treatment of diffused phlegmon. The treatment consists in applying numerous and deep cauterizations in the incisions which have been practiced in the phlegmon. No case should be despaired of until this treatment has been applied, an abatement of the severe symptoms usually occurring, the pain and fever very rapidly disappearing. Usually the cure is conplete.—*Medical and Surgical Reporter.*

THE PREVALENCE OF SCARLET FEVER, AND THE PUBLIC SCHOOLS.—For the past two weeks the cases of scarlet fever have been so numerous in some parts of the city that fears are entertained of an epidemic. The type of the disease is more malignant than it has been formerly, and the mortality is increasing accordingly. Diphtheria is also assuming a graver form, and the number of deaths are proportionately increased.

Of course the various means which should be used to check the spread of these diseases suggest them-

selves to every one. The Health Board is concerned as to what can be done in that direction. There is no doubt that extraordinary precautions have been taken to guard against the spread of either disease. Naturally we look to the public schools as the proper places in which an initiative may be taken. We cannot expect anything from the Board of education; in fact, even with a disposition so to do, it would be entirely incompetent either to advise or direct as to the course to be pursued.

The Health Board should be competent in cases of emergency to include the public schools in its jurisdiction. There is no doubt that the diseases in question may be extensively propagated by means of school children who are either infected themselves, or who come from families in which the disease prevails. This appears to be inevitable. But the question which should concern the health authorities refers to the possibility of reducing the number of new cases to a minimum. The present system of reporting cases to the Board and then to the school, is for the most part too slow. Generally, by the time such reports reach the teacher, the scholar who carries the contagion has already infected his classmates. Sanitary inspection of the children in school, and of the sick absentees, would settle the question at once; but we cannot mention such a project with any hope while the present School Board exists. The next best thing is for the Health Board to educate the teachers as to their duties in the premises, to instruct them regarding the initiatory symptoms of the maladies in question, so that the scholar who becomes ill shall be sent home at once. If such precautions could be taken, many might escape. Again, the teachers should be prevented from re-admitting any scholar unless it is considered safe so to do by the family, dispensary, or hospital attendant. It is to be hoped, however, that the necessity for any unusual precautions will not show themselves.—*N. Y. Medical Record.*

[The above remarks are not applicable to New York alone. They have a point for Detroit, and doubtless are of general applicability throughout the country.—ED. NEWS.]

THE BATTLE OF THE LIGATURES.—Mr. C. G. Wheelhouse said, in the address in surgery, before the British Medical Association, on this subject: During the last few years, I have been watching carefully and curiously the efforts that have been made to adapt the material of which ligatures are made and to harmonize their necessary presence in wounds with the requirements of antiseptic surgery. First, I have noted that various materials, elastic threads, catgut, horsehair, jute fiber, and silk of different kinds, all carbolized, of course, have, one after another, been employed. Secondly, the methods of their application have been almost as varied as the material of their structure; some surgeons have inclined simply to close the arteries without wounding their coats; and some, as of old, to cut into these. One will cut off one end only of the ligature, while another will take away both and leave the knot to be dealt with by absorption. The conclusion at which I have arrived is that, as regards the whole subject, we are, for the moment, off the track, and are erring from true principles. I hold that the laws laid down by Jones as long ago as 1805, and afterward affirmed and substantiated by the late Mr. Hodgson, based as they were upon the safe ground of exhaustive experimental research, are as true now as they were when first promulgated, viz., that the only safe way of securing an artery is fairly to divide the inner and middle coats of th evessels, and that the only ligature to be trusted to do this efficiently is a well made firmly twisted round cord of silk; that elastic threads, after dividing the coats, if they do so at all, lose their elasticity, yield when they should hold on firmly, and thus permit the efflux of blood; that catgut softens too readily, bursts or slips, and is thus unsafe; that silk ligatures, when cut off at both ends, fail to become absorbed, and become prolific sources of after mischief; and that horsehair fails not only to be absorbed, but acts as a source of direct irritation from first to last. With both these two last, when cut short I have seen wounds heal perfectly, and all seem well; but later on small abscesses have formed in various parts of their track, and from each of these, when they have given way, I have had to remove the unabsorbed knots and minute circlets of ligature before they have finally become firm and sound.

THE PROPHYLAXIS OF PERTUSSIS.—Dr. Uffelmann, in the *Deutsche Zeitschrift für prakt. Medizin*, 1879, No. 39, after having examined the statistics of mortality, from which he concludes that whooping cough kills as many as typhoid fever, insists that whooping cough deserves the same attention as typhoid fever, even greater attention, as many of those that die of chronic lung diseases had the seeds of these sown in an attack of whooping cough.

In New York, 4094 children died of whooping cough, between the years 1866 and 1878, whilst to typhoid fever only 4,062 succumbed.

In England, 9,034 died of pertussis, in 1873, 13,148 died of "fever" during the same time. In 18 large cities pertussis demanded more lives than "fever" the respective numbers being 4,020 and 3,880. The statistics of London, Dublin, Basle and 20 cities of Germany, give the same result.

The author insists that children with whooping cough must be kept away from healthy children, and gives as his reason, the origin and extent of the last epidemic in Rostock, when 600–700 children were taken sick, of which number 13 died—simply on account of a number of healthy children being allowed to play with a little patient who had been brought into the neighborhood for the sake of its

health. To this one case all others could be directly or indirectly traced, the author comes to the following conclusions:

I. Salus publico suprema lex est.

II. A child with whooping cough dare not be transported into a non-infected district.

III. Every case of whooping cough must be reported to the proper authorities.

IV. Children with whooping cough must be kept from school.

Constant ventilation of the sick chamber, immediate removal of all vomited and expectorated matter, the presence of a carbolized air, produced by sprinkling the floor with carbolic acid, placing a piece of cotton saturated with a strong solution of the same remedy at the head of the bed, nearly always lead to a rapid recovery.

In using this method, ⅞ of all the cases did well; at the same time it protects the patients against complications, which produce the greatest number of fatal results, especially catarrhal pneumonia.—*Cin. Lancet and Clinic.*

TREATMENT OF RHEUMATISM WITH BENZOIC ACID.—Senator recently read an article before the meeting of German physicians and naturalists on the treatment of rheumarthritis by benzoic acid. He was led to examine into the properties of this remedy, because, in spite of the great advantages possessed by salicylic acid, this cannot be given in the large doses necessary to a cure without the occasional production of disagreeable after-effects. In addition, salicylic acid occasionally fails. Finally, it would be much gained if some light could be thrown on the nature of the disease; for instance, if another antizymotic, like benzoic acid, should be found to act as well as salicylic acid. Senator has thus far used benzoic acid in twenty acute and ten sub-acute cases. The latter may be left out of consideration, since they offer such a poor chance for recovery. Benzoic acid was indeed tried faithfully in alternation with salicylic acid, but without success. In the acute cases, on the other hand, the effect of benzoic acid was so favorable as to offer great inducement to further trial. The chief advantage of benzoic acid appeared to lie in the fact that it produced no disagreeable symptoms, and that in the very cases where salicylic acid had disagreed, benzoic acid, in the same doses, cured the patient without any disagreeable after-effects. On the other hand, however, benzoic acid did not act so rapidly, nor did it produce the same rapidity of influence in lowering the temperature. Senator has found the same difference in this respect when salicylic and benzoic acids were compared together with regard to their influence in lowering high temperature in other disease; but the fact that larger doses of benzoic acid can be used without fear counterbalances this slowness of action. The doses given by Senator vary from 8 to 12 grammes (ʒ ij ad ʒ iij), or even more, daily, when he wants to gain a rapid decrease of temperature he uses salicylic acid temporarily.—*Phila. Medical Times.*

OF THE NATURE OF MUMPS.—M. Fehr, after observing several cases of mumps with the greatest exactness, decides that it is right to consider the disease as infectious, and that, as was already noticed by previous observers, it stands in adefinite relation to acute exanthema, particularly to scarlet fever. The occasional swelling occurs in the neighborhood of the glands themselves, whilst the surrounding tissues only become infiltrated at a later period. It is, to say the least of it, inaccurate to describe the disease as a periparotitis, as is usually done; that it is not parotitis is shown by the fact that in very many cases of mumps it is the sub-maxillary which is either affected alone or is swollen at first. The infection is not due to propogation of inflammation of the mouth caused by secretions from the glands. The observation that in most epidemics of mumps there is a period of incubation lasting several days with the well known febrile symptoms before the appearance of the local symptoms, as well as the spread of disease not only to surrounding persons, but also to the fœtus argue for a specific alteration in the blood. The swelling of mumps is not a catarrhal inflammation, but a morbid swelling of the glands depending upon varying hyperæto, which only occasions collateral hyperæmia and infiltration of the neighboring tissues, when there happens to be a stoppage of blood in the glands.—*Von. Langenbeck's Archiv., xx. p. 600. Rundschau.*

THE THERAPEUTICAL ACTION OF GELSEMIUM.—Professor Massini, of Basle, has published a small pamphlet giving an account of eighty cases of neuralgia of the trigeminus, treated by full doses of the tincture of gelsemium. He prefaces his remarks with a brief description of the physiological action of the drug. Redness of the conjunctiva, pain in the eyelids, contraction of the pupil, double vision and giddiness, are the symptoms which generally follow the administration of moderate doses. When the dose is increased, slight ptosis, dilatation of the pupil, gaping, langour, and pain in the limbs are th usual results. The respiration is not affected. In frogs, on the other hand, a large dose produces paralysis of the respiratory muscles, the heart's action remaining unchanged. In cases of neuralgia of the trigeminus, Dr. Massini gives twenty minims of the tincture every half hour up to three doses, and he finds that the first dose usually affords relief, and that the pain rapidly subsides after a second or third dose has been taken. He has never found it necessary to exceed sixty minims, and only in one case did this quantity produce unpleasant head symptoms. The cases in which the remedy produces most benefit are those of simple rheumatic neuralgia of the alveolar branches of the trigeminus; in those it rarely fails. It also sometimes relieves the pain

remaining after the stopping of a carious tooth. Where there is any inflammatory affection of the bone or periosteum no good can be expected from the remedy. The medicine may, if necessary, be repeated several days in succession, the active principle rapidly passing off by the kidneys.—*Medical Examiner.*

A GOOD WATER-PROOFING FOR LEATHER.—It may be made by using paraffine melted with the requisite amount of drying-oil, and casting it into suitable blocks for subsequent use. This being softened by heat, the leather of the manufactured articles, as shoes and harness, are coated with it and placed near a fire or in a warm place until the composition has been absorbed. When leather has been impregnated with the mixture it is not only perfectly water-proof, but it is also rendered softer and more durable. Shoes retain all their firmness and natural elacticity, and blacking makes upon them a better polish than before. This same composition is also useful for water-proofing woven goods. It is placed on the under side of cloth for garments by melting and applying moderately with a brush, or by rubbing with a block of the preparation. The complete diffusion of it through the texture is affected by passing the cloth between hot rollers. Fabrics prepared in this manner, while they repel water, are perfectly pervious to air. For this reason they are superior to oil-cloth and rubber goods. They also look better than garments made of rubber, as the finished appearance of cloth is in no way changed by the treatment.—*Druggists' Circular.*

OBSTINATE VOMITING CURED BY MEAT-PANCREAS INJECTION.—In the case of a woman, forty-eight years of age, suffering from an abdominal aneurism, the vomiting was so persistent that the patient was unable to retain even a mouthful of water on her stomach. Dr. Düring, of Westhofen, under whose care she was, finally had recourse to Leube's nutritive clysters. Every day, 1¾ oz. of meat and ½ oz. of pancreas were chopped up very fine and mixed with warm water, until the compound had the consistency of a thin pap; half of this was injected into the rectum in the morning in morning, and the other half in the evening, the clyster being retained each time for from eight to ten hours. The nutrition of the patient soon began to show signs of a slow improvement. After three weeks she was able to take a little milk by the mouth, but as the quantity thus taken did not exceed four table-spoonfuls per diem for several weeks, the progressive improvement could only be ascribed to the injections. After ten weeks the patient was so far improved that the clysters were discontinued. The gradual improvement in stomach digestion was accompanied by a progressive diminution in the size of the tumor.—*Med. Chir. Rundschau.*

TREATMENT OF ASTHMA BY IODIDE-OF-POTASSIUM SPRAY.—Dr. Evard, of Orsennes, has obtained very satisfactory results, in a severe case of asthma, from the use of a spray of iodide of potassium. The patient, a man thirty years of age, had suffered for eight months from daily attacks of asthma, and had also been subject to chronic bronchitis for five years. At the time the treatment was begun he had three or four attacks a day, and was reduced to a pitiable condition. After assiduous use of the spray for eight days the asthmatic attacks had almost entirely ceased. Eighteen months have elapsed since then, but the patient continues to use the spray, and the attacks have not recurred. The strength of the solution used was one to twenty. The periods of inhalation were short, but frequently repeated.—*Bost. Jour. of Chem.*

APIOL IN THE TREATMENT OF AMENORRHŒA AND DYSMENORRHŒA.—Apiol the active principle of parsley, discovered by Jaret and Homolle in 1855, is an oleaginous amber colored liquid, soluble in water in any proportion, of an acrid taste. It may be given in capsules. According to Marotte, of La Pitié (*Mouvement Medical*), it brings on the menses, regulates menstruation, and calms the pains by which it is often accompanied. It has no action upon the pregnant womb.—*London Doctor.*

Formulary.

CHAPPED HANDS.—Dr. M. A. Wilson, of New York, gives the following prescription for chapped hands:

℞. Carbolic acid ..... gr. xv (1 | 00)
Yolk of egg ..... one.
Glycerine ..... ʒ iij (1 | 00)

M. A small portion to be gently smeared over the affected surface several times daily.

The wearing of a pair of cotton or old kid gloves will much assist the recovery. The hands to be kept much as possible out of water. This mixture does not "spoil" by keeping.—*Medical Record.*

INJECTION FOR GONORRHŒA.—The same physician gives the following as his favorite prescription for gonorrhœa. He says it is most beneficial in the subacute stages, either recent or of long standing, but not of much service in *gleet*. All directions in regard to urethral hygiene, usually ordered in the treatment of this obstinate affection, are of course to be insisted upon:

℞. Zinci iodidi ..... grs. v (| 30)
Bismuthi subnit. ..... ℈ ij. (2 | 50)
Mucil. gum acac ..... ʒ ss (16 | 00)
Aquæ dest .. ....q. s. ad ʒ iij (100 | 00)

To be well shaken.

M. S.—To be injected after each urination.

This is the strength most generally serviceable, but may be varied according to the judgment of the prescriber.—*Ibid.*

The following have remitted for the NEWS for 1879 up to noon of the 24th inst.:

ALABAMA.

Richard L. Butt.

ARKANSAS.

L. J. Collins,
G. H. Kitchens,
D. B. Dunn.

CONNECTICUT.

C. L. Thomson,
J. V. Wilson,
A. B. Worthington

COLORADO.

S. Cole.

CALIFORNIA.

J. S. Potts,
J. S. Riddle,
L. R. Webster,
W. J. Wilhite.

DISTRICT OF COLUMBIA.

J. E. Brackett,
N. S. Lincoln.

ILLINOIS.

J. S. Barmore,
W. H. Byrd,
L. H. Baker.
John Becker,
James M. Barlow,
Robt. Boal,
J. W. Bailey,
W. L. Cuthbert,
Geo. H. Chapman,
W. B. Carson,
Clendennin & O'Connor,
Thos. Eagleson,
J. S. Ferguson,
W. H. Fitch,
W. H. Gibbins,
M. H. Garten,
John F. Hart,
G. M. Haines,
C. W. Houghton,
L. W. Hendershatt,
W. H. Jones,
C. O. Kelly,
H. C. Kibbie,
C. W. Knott,
Kirkpatrick & Son,
P. T. Leeds,
R. P. Lane,
W. H. D. Lewis,
M. L. Landis,
J. C. Martin,
J. N. Neal,
F. A. Nichols,
Peter Ogden,
Clarence T. Pope,
Wm. Parsons,
J. T. Plinnell,
Wyllis F. Pierce,
T. J. Pitner,
G. R. Richmond,
Jos. B. Rood,
B. F. Rodgers,
A. J. Roe,
Henry H. Sloan,
A. K. Spears,
M. L. Saunders,
G. W. Tucker,
H. Trombœken,
E. J. Tolcott,
E. Vogeler,
Wm. Vance,
W. T. Worley,
Theo. Wild,
T. S. Weidman.

INDIANA.

John H. Babbitt,
J. R. Blanchard,
R. S. Black,
J. Broadhurst,
S. H. Brittain,
A. T. Buchanan,
J. H. Christie,
J. M. Cook,
W. J. Cole,
J. Cooperider,
James M. Davis,
Wm. Freeman,
E. Hubbard,
James Hanna,
S. W. Hunter,
J. Jeffries,
T. H. Kersey,
J. R. Lazenby,
W. A. McCoy,
D. McClure,
A. P. Murray,
J. F. Maddox,
O. H. Mennett,
A. Myers,
T. J. McMurtry,
F. D. Norton,
Allen Pierson,
C. Palmiter,
S. A. Rariden,
H. M. Smith,
Max Schiller,
W. H. Swales,
H. W. Stork (6 months),
D. J. Swarts,
R. R. Town,
J. J. Thompson,
H. G. Todd,
C. W. Witt,
John F. Wall,
J. H. Wirg.

IOWA.

W. E. Adams,
Wm. M. Bonnet,
S. N. Bixby,
A. D. Bedford,
B. Benn,
F. A. Bayer,
A. S. Carnahan,
J. W. Dunn,
H. A. Eberle,
L French,
H. C. Gill,
G. H. Grinnell,
B. Hinchman,
G. W. Henkle,
— Kittle,
J. C. Lovejoy,
C. N. Norton,
J. H. Nicholl,
Prizer & Terry,
W. Prescott,
W. S. Ridenout,
J. S. Roome,
E. J. B Statler,
Joseph A. Treat,
W. S. Townsend,
Wm. Tanner,
H. H. Viersen,
Vest & Son,
A. J. Ward,
Y. J. Young,
W. G. & J. Youmans.

KANSAS.

S. N. Burger,
Wm. S. Baker,
A. G. Channell,
W. F. Dallas,
J. B. Dickey,
T. S. Floyd,
G. N. Hartwell,
J. W. Jenney,
E. S. Leonard,
F. D. Morse,
S. A. Newhall,
J. G. Scott,
J. Young.

KENTUCKY.

J. R. Duncan,
Joseph Hopson,
H. D. Rodman,
H. L. Strong,
H. F. Strong.
S. M. Skaggs,
Paul Waite.

LOUISIAN A.

— Kennedy, Jr.,
N. N. Nichols.

MAINE.

A. C. Hagerthy,
C. D. Morrill.

MASSACHUSETTS.

P. C. Granger,
J. B. Heald,
Ralph C. Huse,
Harvard Col. Med. Libr'y,
O. H. Lamb,
Wm. S. Place,
Mrs. Thos. Sutton,
L. L. Scammell,
The Billerica Dispensary,
J. T. Webber & Co.

MARYLAND.

J. W. Miller,
J. H. Sedwick,
H. C. Van Bibber.

MICHIGAN.

W. H. Andrews,
J. Andrews,
C. J. Baker,
F. Baker,
L. E. Bennett,
E. O. Bennett,
J. D. Bowman,
James M. Bell,
J. S. Blanchard,
C. A. Babcock,
T. S. Barclay,
C. Berry,
Thos. H. Blakely,
C. F. Burger,
J. C. Barbosa,
F. E. Bodemann,
J. W. Badger,
Warren Byrns,
G. W. Browne,
C. F. Bennett,
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J. Henry Carstens,
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C. B. Chidester,
E. P. Christian,
Aaron Clark,
Lizzie H. Cassell,
H. Cowie,
E. F. Chester,
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C. E. Koon,
L. D. Knowles,
C. E. & S. J. Koon,
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Theo. A. McGraw,
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R. C. McGurk,
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A. J. Mead,
O. Marshall.
J. W. Merry,
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M. H. Ellis,
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W. M. Fay,
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Elias Forbes,
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H. Hart,
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E. A. Herig,
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G. W. Hartmann,
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Frank C. Horner,
Tyler Hall,
M. Holland,

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H. E. Smith,
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C. Schulte,
V. Sinz,
T. Shaw,
R. Schuyler,
P. Shooke,
Drs. Spencer & Hutton,
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H. H. Turner,
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G. R. Thomas,
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Franklin VanHyning,
Dorr Vincent,
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P. E. Witherspoon,

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E. W. Jenks,
A. M. Johnson,
J. H. Johnson,
Robert Johnson,
G. K. Johnson,
A. J. B. Jenner,
S. F. Kenfield,
H. N. Kirkland,
Myatt Kyan,
Theo. F. Kerr,
M. C. Kitchen,
Peter Klein,
W. J. Ketcham,
J. F. Whiting,
L. S. Walter,
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E. Woodman,
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Hal. C. Wyman,
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Chas. Heyer,
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J. Hall,
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C. A. Mann,
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A. Perromet,
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Peyton & Wood,
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A. J. Tinsmann,
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J. E. Bowers,
G. W. Burck,
J. E. Campbell,
C. E. Dampier,
Edward S. Frost,
F. H. Milligan,
Robt. S. McMurdy,
Don B. McDonald, (6 mos)
G. H. Overshot,
J. H. Tilford,
Wm. Thorne,
C. Wiendora.

MISSISSIPPI.

D. H. Bryant,
B. Caldwell,
Glen Montgomery,
T. H. L. Smith.

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M. J. Beachly,
H. B Henderson,
P. Henninger,
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John Law,
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NEW YORK.

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D. D. Denning,
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E. H. Millington,
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E. McDougall,
H. Nicholl,
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H. D. C. Phelps,
H. G. Piffard,
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A. H. Fankie,
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H. H. White,
Wm. S. Young.

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D. W. Byron,
J. Bower,
J. C. Bowman,
C. N. Lyman,
Aaron Morris,
James McPeak,
J. L. McIlhinny,
D. D. Moore.

For continuation of Subscription List see Advertising page XIV.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, FEBRUARY 10, 1879. No. 3

Editorial.

THERAPEUTIC LAWS.

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"*Resolved*, that in the death of Dr. Beech this board has lost one of its most interested and efficient correspondents, and the people of the state have lost one of their most intelligent, earnest and practical sanitarians."

The secretary submitted his quarterly report of work done in his office. This report showed a great amount of correspondence with the profession through the State, and the diffusion of much valuable information on questions of immediate interest and particularly on prevailing diseases.

By request of members of the board of control of the State public school, Dr. Baker presented the subject of the temporary main- ...dren at

LECTURES ON LOCALIZATION IN DISEASES OF THE BRAIN, &c. J. M. CHARCOT, professor in the faculty of Medicine of Paris, etc. Edited by Bourneville and translated by Edward P. Fowler, M. D., of New York. 135 pp., illustrated. New York: Wm. Wood & Co.

The importance of a work of this nature to the exact physician requires no argument. Few questions are more difficult to determine than that of the seat of intro-cranial disturbance. Charcot, with his usual clearness, will be found an invaluable aid to the perplexed; and who is not perplexed in his dealings with diseases of the brain? Certainly, aside from

...provements are possible because the regu... physician is fettered by no dogma which ...stricts him to a prescribed line of practice. ...ould he see fit to administer even the sugar ...anule, the act would by no means stamp ...m as a homœopath.

We glean from the letters received that ...finitesimal doses are no longer regarded distinctive of homœopathy: A number our correspondents will not allow the fact ...at they occasionally give fifteen and twenty ...ain doses of bromide of potassium and ...gular anti-periodic doses of quinine to ...pair their standing as homœopaths. They ...e able to satisfy their minds that these doses cure in conformity to the great law of *similia similibus*. We are informed that many of the remedies now held in high repute among the "regulars" were originated by the homœopaths. We have no reason to doubt the correctness of the assertion, and know of no reason why we should wish to doubt it. If this statement, together with sundry others which are cited to prove a similarity between the practice of the so-called homœopath and that of the regular are correct, they only go to prove that the former is gradually emancipating himself from the conviction that there is a universal law of therapeutics.

Dr. Joseph Kidd, of London, who will be remembered as the physician who attended Disraeli on the occasion of his illness at the memorable Berlin Congress, has lately written a book, in which he discusses the law of therapeutics. Though regarded as a homœopath, the views he enunciates are not very homœopathic. He has no sympathy with the doctrine of potencies and infinitesimals, or in fact with any other universal law. Opposed though they are, he thinks that the Hahnemannic and the Galenic laws are both laws of nature. He aims to show, however, that though a "contrary" remedy is most prompt to *relieve*, the "similar" remedy is the one which most generally *cures*. He illustrates this statement by many examples, among which he instances the treatment of lithic acid gravel by nitric acid in small doses. Sir Henry Thompson has shown that while alkaline treatment will no doubt counteract the effects of uric acid, it will not check its formation.

The *Medical and Surgical Reporter* closes a reference to Dr. Kidd's book with the following appropriate remarks:

"It is thus seen that this writer stands exactly where old Michael Albertus, and for that matter all enlightened modern physicians have stood (See *Reporter*, vol. xxix, p. 345). Fettered by no exclusive dogma, tied to no

L. R. Chaddock,
John D. Conely,
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A. A. Carrier,
Theo. Cole,
John L. Campbell,
W. H. DeCamp,
John T. Davis,
N. A. Dryer,
W. T. Dodge,
Wm. Dupont,
C. F. Dight,
E. S. Dunster,
G. S. Darling,
M. D. Davis,
W. Decker,
E. L. Deuell,
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Dave N. DeTarr,
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F. Goodwin,
P. Gregg,
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John Harvey,
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De Forest Hunt,
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Mary Slade,
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T. J. Sullivan,
C. N. Silsbee,
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G. R. Thomas,
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Dorr Vincent,
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H. McG. Willson,
P. E. Witherspoon,
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E. W. Jenks,
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Robert Johnson,
G. K. Johnson,
A. J. B. Jenner,
S. F. Kenfield,
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L. S. Walter,
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H. J. Williams,
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C. B. Wiley,
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Hal. C. Wyman,
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W. L. Tolman.

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G. W. Burck,
J. E. Campbell,
C. E. Dampier,
Edward S. Frost,
F. H. Milligan,
Robt. S. McMurdy,
Don B. McDonald, (6 mos.)
G. H. Overshot,
J. H. Tilford,
Wm. Thorne,
C. Wiendora.

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B. Caldwell,
Glen Montgomery,
T. H. L. Smith.

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H. B Henderson,
P. Henninger,
Geo. W. Ira,
John Law,
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P. F. Patrick,
S. W. Thurber.

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R. B. Ellis.

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T. H. Currie,
C. P. Frost,
C. H. Sanborne.

NEW JERSEY.

Geo. A. Seaman,
J. E. Herrick.

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F. S. Dennis,
D. D. Denning,
G. A. Emory,
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J. S. Howard,
W. H. Hawley,
E. H. Millington,
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E. McDougall,
H. Nicholl,
F. K. Perry,
N. M. Perry,
H. D. C. Phelps,
H. G. Piffard,
G. E. Pierson,
A. H. Fankie,
L. T. White,
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B. F. Beane,
D. W. Byron,
J. Bower,
J. C. Bowman,
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Aaron Morris,
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J. L. McIlhinny,
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improvements are possible because the regular physician is fettered by no dogma which restricts him to a prescribed line of practice. Should he see fit to administer even the sugar granule, the act would by no means stamp him as a homœopath.

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limited induction, every clear-minded medical observer will practice by similars or contraries, by both or by neither, as his own studies and experiences suggest to him is most appropriate to the particular disease and the particular case he has before him. Often he will trust to an intelligently supervised expectant method alone; and often again he will be guided by the result of a well-established empiric method, which has no visible connection whatever either with the doctrine of contraries or of similars. This is the only true therapeutical method."

Miscellany.

Michigan State Board of Health.

The regular quarterly meeting of the State Board of Health was held in Lansing on Tuesday, January 14, this being its first meeting in its rooms in the new capitol building. The following members were present: R. C. Kedzie, M. D., President; H. O. Hitchcock, M. D.; Hon. LeRoy Parker; Rev. D. C. Jacokes; and Henry B. Baker, Secretary.

ADULTERATION OF SUGARS, SYRUPS AND HONEY.

As committee on Food, Drinks and Water Supply, Dr. Kedzie made a verbal report on table sweets, showing the methods of adulteration now practiced. One of these is by the use of glucose, which is an inferior article of sugar formed by the action of sulphuric acid on starch. In sugars thus adulterated, there is usually found sulphuric acid and copperas. Another method lately practiced, has been for the lessening of duties, and consists in coloring sugar so as to make it appear of lower grade. The danger comes from the poisonous chemicals used in bleaching. Dr. Kedzie also mentioned the fact that where bees are fed on glucose, this substance will be deposited in the cells without change. In connection with the adulteration of sugar, the doctor also said that one bushel of corn would make about forty pounds of grape sugar or glucose. Where the sugar is of a blue tinge, it is an evidence that blueing has been added to the sugar to relieve the yellow appearance due to the adulteration. The experiments and reports heretofore made by Dr. Kedzie had been made the basis of a memorial to Congress, asking legislation upon the subject.

As committee on the subject of ventilation and heating of buildings, Rev. Mr. Jacokes read a paper on the heating and ventilation of buildings already constructed.

As committee on special sources of danger to life and health, Dr. Kedzie made a verbal report on illuminating oils and gases,

[illegible] Kle.	Hal. C. Wyman.
J. Ketchum,	M. Hilton Williams,
REGULAR	
MISSOURI.	
L. Allen,	J. W. Jones,
Bartens,	J. M. Larrabee,
C. Berry,	C. A. Mann,
L. Benson,	W. A. Munroe,
hos. Beattie,	August Nape,
Cline,	C. D. Oates,
. Crall,	A. Perromet,
R. Chambers,	W. Patton,
L. Catron,	Peyton & Wood,
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A. Gordon,	G. H. Rothe,
Hoefen,	M. F. Spaulding,
s. Heyer,	A. J. Tinsmann,
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R. B. Ellis.	
NEW HAMPSHIRE.	
A. F. Carr,	C. P. Frost,
T. H. Currie,	[illegible]

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SANITARY CONVENTION.

Dr. Baker, who was a committee to prepare for a sanitary convention at Coldwater, reported that owing to the death of Dr. J. H. Beech of that city, the local support to the

movement was withdrawn, and it was impossible to hold the convention. A committee was appointed to draft resolutions relative to the death of Dr. Beech, and its chairman, Dr. Hitchcock, presented the following preamble and resolution which was adopted by the board.

"*Whereas*, we have heard with deep regret of the death of Dr. J. H. Beech, of Coldwater, therefore,

"*Resolved*, that in the death of Dr. Beech this board has lost one of its most interested and efficient correspondents, and the people of the state have lost one of their most intelligent, earnest and practical sanitarians."

The secretary submitted his quarterly report of work done in his office. This report showed a great amount of correspondence with the profession through the State, and the diffusion of much valuable information on questions of immediate interest and particularly on prevailing diseases.

By request of members of the board of control of the State public school, Dr. Baker presented the subject of the temporary main- ...dren at ...

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The importance of a work of this nature to the exact physician requires no argument. Few questions are more difficult to determine than that of the seat of intro-cranial disturbance. Charcot, with his usual clearness, will be found an invaluable aid to the perplexed; and who is not, perplexed in his dealings with diseases of the brain? Certainly, aside from specialists, very few will deny that they require aid at every step.

DIFFERENTIAL DIAGNOSIS; a manual of Comparative Semeiology of the more important diseases, by F. de HAVILLAND HALL, M. D., assistant physician to Westminster Hospital, London. 205 pp. Philadelphia: D. G. Brinton.

This is another of the works which Dr. Brinton has lately issued. In his selection of treatises it must be conceded that he evinces an intelligent conception of the wants of the Amer... ...founder ... ...ntic points in the ... ...or the purpose of filling long ... ...ular ... ...ants, or are the responses to the importunate solicitations of the friends of progress.

The St. Louis *Courier of Medicine* is largest of the new journals. It is a monthly of 120 pages and is furnished for $3 per year. It is published by a joint stock company and has a reporter for each department of medicine, after the method of the *Boston Medical Journal*. Dr. A. J. Steele is editor-in-chief. Its salutatory has a good ring, and it takes high ground in the matter of medical advertising. Time will test its position on the latter question. Although it is doubtless not intended to supplant the other large journal of which St. Louis boasts, still, as another St. Louis contemporary suggests, "when two ride on one horse one must ride behind." We shall see who it will be.

The National Medical Review is also a monthly and is likewise furnished at $3.00. It gives, however, but 44 pages of each issue. Washington is its birthplace and we trust that it may develope into such a journal as should emanate from the National Capitol. It starts out well and gives good promise. Dr. Walter S. Wells edits it.

The Physician and Surgeon is the title of the latest Michigan contribution to the list. It is published at Ann Arbor, and is edited by Victor C. Vaughan, M. D., Ph. D., who is assisted by Professor Alonzo B. Palmer, M. D., A. M., Donald Maclean, M. D., and John W. Langley, M. D., S. B., members of the medical faculty of the ...iversity of Michigan. Other members of th... faculty are announced as contributors. ...ws a monthly, and the first number contains th... pages; price, $2.00 per annum. With th...long list of associate editors and contribu... the *Physician and Surgeon* should be able ...ake a leading position in the field. If it tal... succeed in removing the impression, ...e by the announcement that its asso... ...es are "members of the Medical Faculty ...the University of Michigan," that it is ...organ of the medical department it may ...sper. The days of organs of "schools, ...rties and cliques" have long since been numbered.

The Medical Bulletin.—This is a monthly of 16 pages at $1.00 per year. It is edited and published by the Jefferson Medical Association of Philadelphia. The first number presents a creditable appearance. We do not like these impersonal journals, however,

that is, those whose editors from some cause or other do not announce their names. We like to be able to hold somebody responsible and to give somebody credit.

Monthly Review of Medicine and Pharmacy.—This monthly of 32 pages is published by Messrs. Keasbey and Mattison, the manufacturing chemists of Philadelphia. It succeeds and takes the place of the defunct *Chemist and Druggist.* Terms, $1.50.

Philadelphia Clinic.—The first number before us contains articles from Professors Cohen, Gross, Penrose, Goodell and Da Costa. They are all reprints, however, from the journals in which they originally appeared, and as the journal contains nothing beside these articles we are left in doubt as to its object and mission.

The above comprises all the new journals which have thus far reached us, although we notice by our exchanges that several others have appeared. We wish them all long life and prosperity.

AN ANTI-CREMATIONIST.—Just as we were beginning to believe that cremation from a hygienic stand-point was to be preferred [illegible] inhumation, as a means of dispos[illegible] of "this earthly tenement" when [illegible] undying guest is gone forever," we [illegible] thrown back into the realm of doubt [illegible] correspondent (Dr. Rachel) in the *Me[illegible] Record.* He maintains, in the first place, [illegible] to burn is a more expensive procedure [illegible] to bury. Were cremation to supersede [illegible] ment the construction of furnaces, th[illegible] consumed and the appliances which [illegible] be necessary to get rid of the smoke a[illegible] from the combustion of the departed [illegible] prove to be much more expensive tha[illegible] present method. The correspondent, [illegible] ably, in making his estimates did not [illegible] into consideration the undertaker's, florist[illegible] and hackman's bills in a city. We have never made a comparative estimate, but should judge that it would not require the expense of a great number of first-class funerals to create an endowment sufficiently large to keep quite a respectable crematory in operation. The second and apparently more serious objection to burning is the detriment it would cause mother earth by depriving her of the ammonia which is so necessary to vegetable life.

"The first one to raise this valid objection to cremation with combustion of smoke, was Friederich Mohr, the eminent chemist, the greatest living since Leibig died. His warning should be heeded before it is too late; and, although we shall not live to see the ammonia famine, it will surely come if the present or next generation does not reform. Instead of supplanting interment by cremation, the most rational way would be to cover the dead bodies of men and animals alike with quicklime and thus preserve their ammonia compounds for further circulation by using them as fertilizers."

We are sorry to be in receipt of a number of letters and postal cards complaining of the non-receipt of the numbers of the NEWS. We assure our friends that the fault does not lie with us. Especial care is taken by our mailing clerk to have the addresses properly written, and the short-coming is in the post office depot, [illegible] Wm. [illegible] to in-

[illegible]gan, C. Wiendora.

MISSISSIPPI.

H. Bryant, Glen Montgomery,
Caldwell, T. H. L. Smith.

NEBRASKA.

[illegible] J. Beachly, John Law,
[illegible] B Henderson, F. H. Langley,
[illegible]. Henninger, P. F. Patrick,
Geo. W. Ira, S. W. Thurber.

NORTH CAROLINA.

R. B. Ellis.

NEW HAMPSHIRE.

A. F. Carr, C. P. Frost,
T. H. Currie [illegible]

LeRoy Parker made a verbal report on a memorial to the Legislature on the subject of a topographical survey of the whole State for sanitary purposes. Dr. Baker was added to the committee, and it was recommended that the survey should not only be topographical, but should embrace all sanitary subjects, especially those relating to water, such as [illegible]on of streams, water [illegible]

A PRACTICAL MANUAL [illegible] LDREN WITH A FORMULARY, by EDWARD [illegible], Senior Physician to the Victoria Hospital for sick chi[illegible], etc. Third edition. 213 pp. New York: Wm. Wood & Co.

This is the February number of Wm. Wood & Co.'s subscription series. It requires but the cursory examination which we have only been able to make of it, to convince us that it is the most practical work on the subject of which it treats that has come into

our hands. The formulary, selections from which we give elsewhere, are those of a practical man and will commend themselves to practical men. The volume before us but increases our appreciation of the benefit to the profession of Wm. Wood & Co.'s enterprise.

CONSPECTUS OF ORGANIC MATERIA MEDICA AND PHARMACAL BOTANY, by L. E. SAYRE, PH. G. 220 pp. Philadelphia: D. G. Brinton.

Dr. Brinton is developing into quite an extensive publisher outside the periodicals which have familiarized his name to the profession. The work before us is one which will prove a valuable aid to the student of the subjects which it discusses. It does not claim to be an exhaustive treatise, but presents a bird's eye view of salient points.

LECTURES ON BRIGHT'S DISEASE, by J. M. CHARCOT, professor in the faculty of Medicine of Paris, etc. Translated by Henry B. Millard, M. D., A. M. 100 pp., illustrated. New York: Wm. Wood & Co.

Conciseness and precision are the characteristics of this little work. The name of its author is a guaranty of the latter quality, and an examination of the work is sufficient to establish the former. A perusal of the book will remove much of the vagueness which prevails on the important affection of which it treats. In addition to the wood cuts it contains, there are three very beautiful lithographs.

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This is another of the works which Dr. Brinton has lately issued. In his selection of treatises it must be conceded that he evinces an intelligent conception of the wants of the American profession. The diagnostic points in the work before us are presented in tabular form, and the advantage of this arrangement must be manifest. We have been unable to discover any new points, but are struck with the assistance which the plan must afford in differential diagnosis. The book is one of that practical kind, the absence of which makes a library incomplete.

Original Articles.

Instructive Errors in Diagnosis—Removal of Uterus.

BY A. HAZLEWOOD, M. D.

Although it is pleasanter to write of successes than of failures or mistakes, the latter are often needful to insure future success. With this in view, the following cases, coming very close together as experiences among us, may be interesting.

P. H., aged 51 years, has been a sufferer for two years or more with hæmaturia; latterly he was compelled to void his urine every half hour, and in so doing suffered intensely. All his symptoms pointed to the bladder as the offending organ. At last he succumbed, worn out by exhaustion from pain and loss of sleep. At the post mortem examination the bladder was found extensively diseased, its coats very thick, and the mucous coat rough, almost corrugated in appearance. The surface was intact except at one point, where probably a concretion had been attached, as one was expelled a short time preceding his death. The most interesting feature of the autopsy, however, was that the entire lymphatic system of the thoracic and abdominal cavities were converted into sacs of pus, the lumbar glands especially making a mass larger than two fists, each individual cyst not being larger than a pigeon's egg for the largest, and yet no suspicion existed of such extensive disease, the sufferings being exclusively confined to the bladder and penis.

In the discussion concerning this case at our medical society, the attending physician stated that several years before the patient had a skin disease that the patient's friends had reminded him of, and which he considered of a scrofulous character. It was suggested that the extensive disease found at the autopsy began in the bladder, by metastasis of the skin disease, and that the lymphatic system became deranged from that as a focus.

The next case shows how the most experienced and talented physicians may be in error in diagnosis. Mrs. C. several years since fell down stairs and, besides her bruises, broke her arm. About four years ago she began to complain of distress in the side, pain in urinating, and some hæmaturia. She was seen by several physicians, one only locating the trouble in the kidney. Under various plans of treatment she obtained no benefit, and subsequently she voided several ounces of pus per day with her urine, and an enlargement was discovered in the right side, gradually encroaching upon the abdominal cavity. When this was become of considerable size, Dr Byford saw her, and diagnosed a tumor distinct from the kidney, but communicating with the uterus. The discharge of pus continued for two years or more, scarcely ever varying in quantity, but her strength and health gradually failed from

day to day, at last terminating in a lingering and painful death.

The autopsy revealed a tumor as large as a fœtal head at term, smooth, waxy in appearance, its lower border extending to the sacral promontory, with firm adhesions to the intestines. All the abdominal viscera were firmly bound by adhesions to each other. The tumor proved to be the right kidney greatly enlarged, all traces of true kidney tissue being lost. Bands of tissue divided it into numerous compartments—sections showing some resemblance to the original form of the pyramids. Of course, now it is very evident that the fall occasioned a sub-acute nephritis, which gradually developed into renal abscess.

REMOVAL OF UTERUS.

On the morning of January 5th, the operation for removal of the entire uterus for cancerous disease was performed, according to Freunde's method, by Dr. Shepard, assisted by several of our city physicians. The patient, Mrs. H., has been a hard worker, of small and slight figure, aged about thirty-eight years; several months since she began to lose more blood than usual at her menstrual periods, afterwards almost continuously. Dr. S. was consulted, and by a digital examination alone, diagnosed a tumor of the uterine neck, and recommended its removal. The patient readily acceded. Upon proceeding to operate, it was found to be cancerous, and although considerable blood was lost, a determined effort was made to get all the diseased mass away, with what appeared to be good results, as the wound healed readily and rapidly, and the patient improved in appearance and strength.

Late in November or early in December symptoms of uterine hemorrhage returned. The patient was informed that the only operation feasible as the disease then existed, was the removal of the entire organ—its dangers and probable results fully explained. After further consultation, she arranged her affairs and decided to take the risk.

The manner of operation has been described in several journals—translations from German periodicals—the operation took two hours. The patient bore the anæsthetic (chloroform) well; when returned to bed pulse was 100, and respiration 30; no nausea or vomiting followed the operation, and required less than one grain of morphia given in divided doses to restrain uneasiness; during the afternoon the pulse decreased somewhat in frequency, and later in the evening the respirations also, and at 6.45 A. M. of the 6th, pulse 108, respiration 18, temp. 100.5° were recorded; at 10 A. M. syringed vagina and dressed abdominal wound, which appeared well.

She took some nourishment, and remained about the same during the afternoon. 5.15 P. M. recorded temp. 101°, respiration 20, pulse 130. From this time she failed; later in the evening eructations of an offensive coffee colored matter were frequent, and although when roused, she was quite sensible, no improvement followed. During the afternoon rectal injections of beef tea, ammonia carb. and brandy had been used. Died about midnight.

GRAND RAPIDS, Mich.

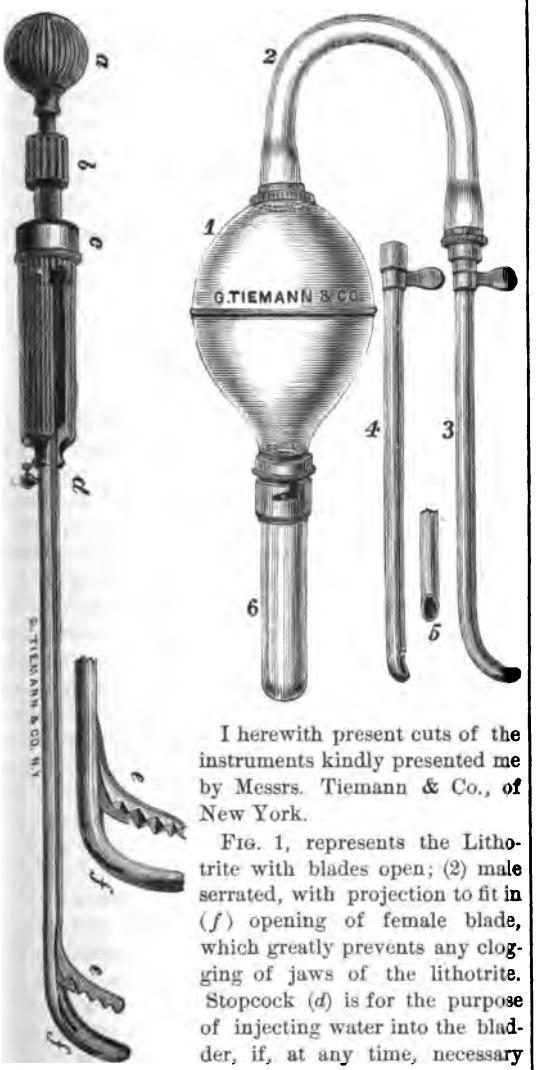
Rapid Lithotrity.

REPORT OF TWO CASES, BY H. O. WALKER, M. D.
Lecturer on Genito-Urinary System and Rectum, in the Detroit Medical College.

CASE 1. Mr. G., aged 63 years, French Canadian, no hereditary history, has had difficulty in urinating for about fifteen years. Stone in bladder first recognized about a year ago by his physician, Dr. C. C. Yemans, since which time lithotomy was performed with only partial relief—also lithotrity without success. In consultation with Dr. Yemans I recommended rapid lithotrity, after the manner of Dr. Bigelow, of Boston. I procured Bigelow's improved lithotrite and evacuating apparatus from Tiemann & Co., and July 5, '78, the patient, put under the influence of ether, and the fragments of stone were readily seized and crushed. After cutting the meatus, No. 29 F. evacuating tube was introduced and between 40 and 50 grains of phosphatic calculus removed. Time of operation, one hour and ten minutes. There were no unpleasant symptoms, with a decided improvement. July 11th, the lithotrite and evacuating apparatus were again used with negative results. The origin of calculus was unquestionably an enlarged prostate gland. The patient made a rapid recovery, and at the present writing there is an entire abatement of bladder symptoms,

CASE 2. Eddie McG., aged 16 years, first had bladder symptoms two years ago. His physician, Dr. Geo. P. Andrews, first discovered the presence of stone April 18, '78, when he transferred the case to me. April 25, I used the lithotrite without the evacuating apparatus, removing about 20 grains. May 1st, used it again, removing 23 grains, after which there was a subsidence of symptoms, and general improvement. July 15th he again returned, and examination revealed the presence of a small calculus. July 21st, the patient being put under the influence of ether, I crushed and removed with the evacuating apparatus (using tube No. 30 F.) sixty grains of phosphatic calculus. Time of operation, one hour and twenty minutes. The operation was performed in my office, and after recovering from the anæsthetic he took the street-car for his home. No unpleasant symptoms occurred. A re-examination one week after failed to detect any fragments of stone. He continued to improve until Aug. 15th, when he was suddenly attacked with great pain on micturition. Examination revealed a small fragment of stone. Putting him under the influence of chloroform, as it was with great difficulty that he succumbed to ether at previous operations, I readily crushed and evacuated about 20 grains of stone. And as all muscular contraction was thoroughly relaxed by the chloroform, a further examination detected a large roughened surface, high up and firmly attached behind the symphisis pubes, and after great difficulty I succeeded in dislodging it. At this sitting there were removed one hundred and fifty

seven grains. Time of operation, one hour and thirty-five minutes. Owing to the unpleasant and dangerous effects of the chloroform, I deemed further efforts at removal of stone unwise. Three weeks afterward I removed seventy-eight grains, and after repeated examinations I am satisfied that it is all removed. The nucleus of calculus proved to be very dense and hard and of the lithic acid variety. Several pieces weighing over twenty grains came away through the evacuating tube. Had there been no difficulty with the anæsthetic, and a thorough muscular relaxation taken place, I am confident that the operation could have been completed at one sitting. There were no untoward symptoms whatever after any of the operations. Entire quantity removed, three hundred and forty-seven grains.



I herewith present cuts of the instruments kindly presented me by Messrs. Tiemann & Co., of New York.

Fig. 1, represents the Lithotrite with blades open; (2) male serrated, with projection to fit in (*f*) opening of female blade, which greatly prevents any clogging of jaws of the lithotrite. Stopcock (*d*) is for the purpose of injecting water into the bladder, if, at any time, necessary during the operation. Lock (*e*). After locking the blades, the adjusting and crushing is performed by turning the handle, which is of great convenience, doing away with a separate attachment for adjusting the blades.

Fig. 2, represents the evacuating apparatus: (1) is a rubber bulb of a capacity of twelve ounces; (2) rubber tubing and should be two feet in length; 3, 4, 5, are thin silver tubes, with different curves and openings. A set of five tubes are all that is usually necessary, except in small children, and then lithotomy is indicated. The tubes, No. 27, 28, 29, 30 and 31 F.

In introducing the tubes it may be necessary to cut the meatus—a simple affair. (6) is the glass receptacle for catching the fragments of stone.

After the crushing of the calculus, and a tube of admissible size introduced, the bulb should be filled with warm water, and attached to the evacuating tube. The opening of the tube directed to the floor of the bladder and a steady pressure exerted upon the bulb (1) throwing in fully two-thirds of the water, then allowing the fragments to settle, and depress the point of the tube, a gradual relaxation of the bulb should then take place. The fragments by suction will then be deposited in the glass receptacle (6.) This manner should be repeated until no more fragments are seen to settle in the receptacle; occasionally, owing to large sized fragments, the opening to the tube may be stopped up, and prevent the filling of the bulb, such being the case, a gentle pressure on the bulb will displace it.

The lithotrite should be again introduced and fragments ousted, after which resort to the evacuating apparatus until no more fragments are detected.

Dr. Bigelow reports a case where he removed over a thousand grains, time of operation being three and three-quarter hours.

Dr. Bigelow, contrary to the general teachings on Lithotrity, has unquestionably proven to us that the bladder is susceptible of great and prolonged tolerance of manipulation.

The procedure is without doubt preferable to repeated lithotrity, and well calculated for general adoption in all applicable cases.

177 Griswold Street.

Paragraphs.

Prof. S. D. Gross is a cremationist and wants his body to be burned when he gets through with it.

What wonder if excellent whiskey is made of potatoes! It is the *spiritus potatorum*.

Prof. Lockyer's discovery that hydrogen is the ultimate of matter, suggests a new Scripture reading: All flesh is as gas.

It is said that the *Medical Examiner*, the London medical periodical recently suspended, sank nearly one hundred thousand dollars in its attempt to succeed.

Dr. John B. Biddle, Professor of Materia Medica and Therapeutics in Jefferson Medical College, departed this life on the evening of the 19th ult., aged sixty-four years.

The application of ice to fatty tumors is said to be an aid to diagnosis in doubtful cases. Should the tumor harden under the application the presumption is that it is fatty.

The Medical Faculty of the University of Pennsylvania have created a lectureship on "The Anatomy of the Bones and Joints," and have appointed Dr. Chas. B. Nancrede to fill it.

A "first-class" medical college is shortly to be established at Atlanta, Georgia. We suppose it is to supply another "long felt want," although, strange to say, the announcement doesn't say so.

Professor of Chemistry—"Suppose you were called to a patient who had swallowed a heavy dose of oxalic acid, what would you administer?' Student (who is preparing for the ministry, and who takes chemistry because it is obligatory)—"I would administer the sacrament."

An Italian medical journal puts it thus delicately: "Subscribers in arrears of payment are begged to be good enough to put themselves right at once, in order to avoid mental disturbance and personal excitement." We have always regarded "disturbance and personal excitement" as very deleterious.

The following is Syme's, Lister's and Hughes' rule in the administration of chloroform, and they have never had a fatal case: "Never mind the pulse, never mind the heart, leave the pupil to itself. Keep your eye on the breathing, and if it becomes embarrassed to a grave extent, take an artery forceps and pull the tongue well out."

The *Ohio Medical and Surgical Journal* for December reached us January 25. This is rather tardy, but if it originated the following conundrum, which we see in its columns for the first time, the delay is not to be wondered at: "Why is a youthful resident of China like a painless death? Because he is a youth in Asia (euthanasia). See?"

Dr. J. Milner Fothergill, the eminent therapeutist, from his resemblance to the famous Tichborne pretender, is familiarly called "the claimant." He weighs about three hundred pounds, has a red face, and, as he rolls along the Queen's highway, puffs and blows like a steam engine. He has a great deal of *bonhomie* and is a favorite with all who know him.

Senator Lamar has introduced into the United States Senate a bill providing "That there shall be established at the seat of Government of the United States a Department of Health, the general design and duties of which shall be to acquire and diffuse among the people of the United States useful information on subjects connected with the public health."

Efforts are being made to secure a Veterinary Department in the University of Pennsylvania. The Faculty of the Medical Department having referred the matter to the Trustees, the latter have consented to the introduction of horse medicine, provided the friends of the equine raise and present to the University an endowment of fifty thousand dollars. Efforts are being made to comply with these terms.

We learn from the *Hospital Gazette* that the Philadelphia Society for Organizing Charitable Relief and for Suppressing Mendicancy is about to investigate the dispensary system of that city. Unquestionably, charity is much abused and mendicancy thereby fostered in most cities, and free dispensaries are largely responsible. We cannot but hope that the Society referred to may shortly establish a branch office in Detroit,

It has been lately suggested that rotten potatoes and apples are causative of diphtheria, the fungi on these being identical with the fungi of the diphtheritic ulcer. An observer says that the disease invariably attacks families in which the Irish tuber is eaten, and that, during epidemics, families who abstained from the vegetable enjoyed immunity from the disease. Sweet potatoes are not supposed to be similarly injurious.

Selections.

BLISTERS AND ALKALIES IN THE TREATMENT OF ACUTE ARTICULAR RHEUMATISM.—Prof. Alfred Stillè, at the close of a course of two lectures on acute articular rheumatism, reported for the *Medical Record*, discusses the question of treatment. He is disposed to look with but a small degree of favor on salicylic acid ; but acknowledges that his opinion of the agent is not derived from experience in its use in his own practice. In the face of the accumulated testimony to its efficiency, the profession will hardly condemn salicylic acid on Prof. Stillè's dictum, and more especially when it is known that his unfavorable opinion is founded only on the reports of several cases in the practice of others, in which it is supposed to have acted untowardly.

Prof. Stillè gives his preference to blisters and alkalies, the line of treatment with which he gives as follows :

It may be difficult to see the connection between these two classes of remedies in their power to influence the course of acute articular rheumatism, and yet it is certain that they do so influence it, and in the same way, *i. e.*, by altering the condition of the blood from acid to alkaline. If you ask me to explain to you how blisters act in this way, I am obliged to confess my ignorance. To produce this effect, they must be applied over all the affected joints. Experience, if not science, has decided con-

clusively in their favor. They do produce cessation of the local symptoms, render the urine alkaline, and diminish the fibrin in the blood.

This brings us to a consideration of the use of alkalies. Alkalies neutralize the acids, act as diuretics, and eliminate the *materies morbi*. Alone, and in small doses, they are unable to cure; but, when given in very large doses, their effects are marvellous; the pulse falls, the urine is increased in quantity and becomes alkaline, and the inflammation subsides. The symptoms of the disease are moderated, the duration of the attack is shortened, and the cardiac complications are prevented.

The dose of the alkalies must be increased until the acid secretions are neutralized. A very good combination of these remedies is the following:

℞. Sodæ bicarb..... ʒ iss.
Potas. acetatis..... ʒ ss.
Acid. cit..... f. ʒ ss.
Aquæ..... f. ℥ ij.

S.—This dose should be repeated every three or four hours, until the urine becomes alkaline. On the subsidence of the active spmptoms, two grains of quinia may be added, with advantage, to each dose. The alkalies must be gradually discontinued, but the quinia continued.

The diet should consist of beef-tea or broth, with bread and milk; no solid food should be allowed. Woolen cloths moistened with alkaline solutions may, with advantage, be applied to the affected joints. To these laudanum may be added for its anodyne effect.

The patient must be sedulously protected from vicissitudes of temperature, and lie in bed between blankets.

The alkaline treatment relieves the pain, abates the fever, and saves the heart by lessening the amount of fibrin in the blood.

A long time ago, Dr. Owen Rees, of London, introduced the use of lemon-juice. This remedy was thought to convert uric acid into urea, and so to help elimination. Though the treatment is practically right, the theory of it is wrong. Lemon-juice does good in mild cases, but cannot be relied upon in severe attacks.

During the febrile stage of acute articular rheumatism the diet should consist mainly of farinaceous and mucilaginous preparations, with lemonade and carbonic acid water as a drink. The cloths applied to the joints should be changed when they become saturated with sweat, and in changing them the patient should be protected from the air.

The sweating may be controlled by small doses of atropia, from one-sixtieth to one-thirtieth of a grain. To prevent subsequent stiffness, the joints should be bathed with warm oil and chloroform, and wrapped in flannel cloths. In the proper season this condition is very well treated by sea-bathing. There is no specific plan of treatment in acute articular rheumatism. The treatment must vary according to the intensity of the inflammation and the peculiarities of the patient.

Salicylic Acid in Scarlet Fever and Diphtheria.—It may be interesting to some of our readers to know that in salicylic acid we have one of the most reliable remedies in the treatment of scarlet fever and diphtheria. For the last three years I have used, with unvarying success, the salicylic acid suspended in mucilage in both mild and severe forms of scarlet fever, and have seen the throat-symptoms and fever rapidly abate, and the patients make rapid recoveries. On being called to a case, I have given doses varying from five to ten grains every two hours, until the throat-symptoms and fever abated, and find that little patients, for whom we can do so little, when obliged to use the mop or brush to the throat, experience no inconvenience in taking this medicine, which, being simply in a state of suspension, has a chance of, at least a portion of it, remaining on the throat, and so acting as a topical remedy, whilst the remainder acts as an invaluable antipyretic.

The success in cases of scarlet fever has led me to try the same remedy for diphtheria; and I am happy to say, that, in the most virulent cases of diphtheria, I have seen the pellicle broken up and the diphtheritic patch removed in a most marvelous manner. Indeed, since the use of salicylic acid in diphtheria, I have not seen one fatal case, although several were of a very dangerous type. It is but fair to say that, in diphtheria, my mode of action is giving the salicylic every four hours, and tinctura ferri perchloridi (P. D.) alternately with it. Some may probably say, "How do you prove that it is salicylic acid which removes the patch, when you use iron also?" My answer is, that at first, I trusted solely to salicylic acid, and found, in mild cases, that it answered every purpose; but, that, in more severe cases, accompanied with much debility, there seemed to be a tendency to return of the disease on discontinuing the remedy. I was thus led to use the iron, alternately with the acid, as a blood-restorer. To prove that iron was not the sole active agent in the cure, I can but point to the many failures of iron as a local application in the past treatment of diphtheria; whereas, with the salicylic treatment, I have not known one single case of the pellicle spreading under its use.

I append the form I use:

℞. Acidi salicylici..... ʒ i vel. ʒ ij.
Syrupi simplicis..... ʒ iv.
Mucilaginis tragac. ..... ℥ i.
Tinctura aurantii..... ʒ iv.
Aquæ. q. s. ad..... ℥ vi.
Fiat Mistura.
Capiat..... ..... ʒ iv, 2 dis horis.

—*British Medical Journal.*

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For continuation of Subscription List see Advertising page XIV.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, FEBRUARY 10, 1879. No. 3

Editorial.

THERAPEUTIC LAWS.

of the death of Dr. J. H. [illegible] homœo Cold-water, therefore,

"*Resolved*, that in the death of Dr. Beech this board has lost one of its most interested and efficient correspondents, and the people of the state have lost one of their most intelligent, earnest and practical sanitarians."

The secretary submitted his quarterly report of work done in his office. This report showed a great amount of correspondence with the profession through the State, and the diffusion of much valuable information on questions of immediate interest and particularly on prevailing diseases.

By request of members of the board of control of the State public school, Dr. Baker presented the subject of the temporary main- [illegible] dren at

LECTURES ON LOCALIZATION IN DISEASES OF THE BRAIN, by J. M. CHARCOT, professor in the faculty of Medicine of Paris, etc. Edited by Bourneville and translated by Edward P. Fowler, M. D., of New York. 135 pp., illustrated. New York: Wm. Wood & Co.

The importance of a work of this nature to the exact physician requires no argument. Few questions are more difficult to determine than that of the seat of intro-cranial disturbance. Charcot, with his usual clearness, will be found an invaluable aid to the perplexed; and who is not perplexed in his dealings with diseases of the brain? Certainly, aside from [illegible]

improvements are possible because the regular physician is fettered by no dogma which restricts him to a prescribed line of practice. Should he see fit to administer even the sugar granule, the act would by no means stamp him as a homœopath.

We glean from the letters received that infinitesimal doses are no longer regarded as distinctive of homœopathy: A number of our correspondents will not allow the fact that they occasionally give fifteen and twenty grain doses of bromide of potassium and regular anti-periodic doses of quinine to impair their standing as homœopaths. They are able to satisfy their minds that these doses cure in conformity to the great law of *similia similibus*. We are informed that many of the remedies now held in high repute among the "regulars" were originated by the homœopaths. We have no reason to doubt the correctness of the assertion, and know of no reason why we should wish to doubt it. If this statement, together with sundry others which are cited to prove a similarity between the practice of the so-called homœopath and that of the regular are correct, they only go to prove that the former is gradually emancipating himself from the conviction that there is a universal law of therapeutics.

Dr. Joseph Kidd, of London, who will be remembered as the physician who attended Disraeli on the occasion of his illness at the memorable Berlin Congress, has lately written a book, in which he discusses the law of therapeutics. Though regarded as a homœopath, the views he enunciates are not very homœopathic. He has no sympathy with the doctrine of potencies and infinitesimals, or in fact with any other universal law. Opposed though they are, he thinks that the Hahnemannic and the Galenic laws are both laws of nature. He aims to show, however, that though a "contrary" remedy is most prompt to *relieve*, the "similar" remedy is the one which most generally *cures*. He illustrates this statement by many examples, among which he instances the treatment of lithic acid gravel by nitric acid in small doses. Sir Henry Thompson has shown that while alkaline treatment will no doubt counteract the effects of uric acid, it will not check its formation.

The *Medical and Surgical Reporter* closes a reference to Dr. Kidd's book with the following appropriate remarks:

"It is thus seen that this writer stands exactly where old Michael Albertus, and for that matter all enlightened modern physicians have stood (See *Reporter*, vol. xxix, p. 345). Fettered by no exclusive dogma, tied to no

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MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, FEBRUARY 10, 1879. No. 3

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The secretary submitted his quarterly report of work done in his office. This report showed a great amount of correspondence with the profession through the State, and the diffusion of much valuable information on questions of immediate interest and particularly on prevailing diseases.

By request of members of the board of control of the State public school, Dr. Baker presented the subject of the temporary main- ...dren at

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The condition of the country, also, at the present time, is favorable to its spread. Russia is in a truly deplorable condition. She suffers greatly for one thing: from lack of properly educated physicians. Her late war has deprived her of a third of her medical men, who were either killed in battle or died of disease. The places of these have perforce been supplied by students from the hospitals and colleges. In her extremity she has called on England for aid—old England, her diplomatic foe, but still the nation on which suffering humanity, irrespective of race, never calls in vain.

Countries immediately west of Russia are fully alive to the danger which threatens, and stringent sanitary precautions are being taken. In Moscow, also, rigorous measures are being adopted, such as the closing of basement dwellings; the erection of proper accommodation for the troglodytes; the provision of ample furnaces for the burning of infected clothing, and, more important, perhaps, than all, the gratuitous distribution of wholesome cooked food. The German government have, on the recommendation of its sanitarians, determined, should the disease show a disposition to leave Russia, to establish a military cordon of 80,000 men on her frontier. The orders for the mobilization of this force are already promulgated.

In view of the state of affairs depicted, it would not be amiss for the authorities, even in America, to pay a little closer attention than usual to sanitary matters. There is, moreover, a strong suspicion that the germs of yellow fever have not been destroyed by this winter's frost. If the fearful experience of last summer, and the great calamity in Russia have any lesson for us, it certainly is that we take time by the forelock, and take such precautions as are afforded by an efficient sanitary system against the evils which are by no means improbable.

Proposed Conference on the Question of Medical Education.

We are in receipt, from Dr. Leartus Connor, of this city, Secretary of the "American Medical College Association," of a copy of a call issued by that body to the regular medical colleges of this country for a convention, at which the important, though somewhat worn, question of medical education is to be the topic for consideration. This call is in pursuance of a resolution adopted at the meeting of the association in Buffalo, last June. The place designated is Atlanta, Ga., and time 10 A. M., Friday, May 2d, 1879. Each college is requested to send two delegates, with full power to act—one of these delegates to be chosen from the Board of Trustees (or Regents), and the other from the Faculty.

"In general terms, the *object* of the convention is to adopt some "uniform system of instruction more in harmony with the requirements of the age." Among the questions appropriate for discussion and decision may be mentioned, "Shall all the colleges require attendance upon three regular courses of lectures during three separate years ere admitting students to become candidates for the degree of M. D.?"

Is any uniform system possible in this or other things? If so, to what extent is it possible, or even desirable, at the present time? Each doctor in the land doubtless has in mind an ideal medical college system. But this convention cannot act upon idealities; it can only act upon that which is practicable to all honest efficient medical schools.

It is hoped that the medical press and teaching fraternity will freely and exhaustively discuss the subject matter of this convention. The doing of this at once will enable it to enter upon its labors with a very complete knowledge of the facts in the case.

To avoid misconception, let it be distinctly noticed that, although this convention is called by the "American Medical College Association," it is entirely distinct from that body. When assembled, the convention will elect its own officers and adopt its own methods for transacting its business in pursuance with the object of the call."

As far as the NEWS is concerned, we have only space at this time to show its hand, to declare that it is unequivocally in favor of the "*object*" of the convention, and that it answers in the affirmative the questions above proposed. The reasons for "the faith that is in us" will be given hereafter.

FOR a list of receipts for month ending February 24, see advertising page 20. This list, though good, is not as large as it should be, and we trust that those who receive a reminder of their indebtedness inclosed in this issue of the NEWS will gladden our heart and strenghten our hands with their dollars.

PROPOSED MEDICAL ACT.

We give below the substitute reported by the committee of the Legislature on public health for the bill introduced by Senator Robbins, January 10, 1879. There is yet time for action in the matter, and we submit the following as a basis from which the profession may be enabled to offer suggestions to the representatives from their districts. We would call especial attention to the *italicised proviso* at the close of the bill. Let there be a free expression of opinion on this point. The bill as a whole is one which we approve.

A BILL to protect the People of the State of Michigan from Empiricisn and Quackery.

The People of the State of Michigan enact:

SEC. 1. That every person practicing medicine in any of its departments, and midwifery, shall possess the qualifications required by this act. If a graduate in medicine, he or she shall present his or her diploma to the board of examiners herein named for verification as to its genuineness. If the diploma after due examination is found genuine, and if the person named therein be the person claiming and presenting the same, the board of examiners shall issue its certificate to that effect, signed by all of the members thereof, and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practise in this State. If not a graduate, the person practicing medicine in this State shall present himself before said board and submit himself to such examinations as the board shall require; and if the examination be satisfactory to the examiners, the said board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

SEC. 2. Each State medical society incorporated and in active existence on the first day of May, 1879, whose members are required to possess diplomas or license from some legally chartered medical institution in good standing, shall appoint annually a board of examiners, consisting of five members, who shall hold their offices for one year, and until their successors shall be chosen. The examiners so appointed shall go before a circuit judge or circuit court commissioner, and make oath that they are regular graduates or licentiates, and they will faithfully perform the duties of their office. Vacancies occurring in a board of examiners shall be filled by the society appointing it by the selection of alternates or otherwise.

SEC. 3. The board of examiners shall organize within three months after the passage of this act, they shall procure a seal, and shall receive through their secretary applications for certificates and examinations; the president of each board shall have authority to administer oaths, and the board take testimony in all matters relating to their duties; they shall issue certificates to all who furnish satisfactory proof of having received diplomas or licenses from legally chartered medical institutions in good standing; they shall prepare three forms of certificates, one for persons in possession of diplomas or licenses, one for candidates examined by the board, and one for certificates of practice; they shall furnish to the county clerks of the several counties a list of all persons receiving certificates. In selecting places to hold their meetings, they shall as far as is reasonable accommodate applicants residing in different sections of the State, and due notice shall be published of all their meetings. Certificates shall be signed by all the members of the board granting them, and shall indicate the medical society to which the examining board is attached.

SEC. 4. The said board of examiners shall examine diplomas as to their genuineness, and if the diploma shall be found genuine, as represented, the secretary of the board of examiners shall receive a fee of two dollars from each graduate or licentiate for the first year, and after that five dollars, and no further charge shall be made to the applicants, but if it be found to be fraudulent or not lawfully owned by the possessor, the board shall be entitled to charge and collect twenty dollars of the applicant presenting such diploma. The verification of the diploma shall consist in the affidavit of the holder and applicant that he or she is the lawful possessor of the same, and that he or she is the person therein named. Such affidavit may be taken before any person authorized to administer oaths, and the same shall be attested under the hand and official seal of such officer if he have a seal. Graduates may present their diplomas and affidavits as provided in this act, by letter or by proxy, and the board of examiners shall issue its certificate the same as though the owner of the diploma was present.

SEC. 5. All examinations of persons not graduates or licentiates shall be made directly by the board, and the certificates given by the boards shall authorize the possessor to practice medicine and surgery in the State of Michigan.

SEC. 6. Every person holding a certificate from a board of examiners shall have it recorded in the office of the clerk of the county in which he resides, and the record shall be endorsed thefeon. Any person removing to another county to practice shall procure an endorsement to that effect on the certificate from the county clerk, and shall record the certificate in like manner in the county to which he or she removes, and the holder of the certificate shall pay to the county clerk the usual fees for making the record.

SEC. 7. The county clerk shall keep in a book provided for the purpose a complete list of the certificates recorded by him, with the date of the issue and the name of the medical society represented by the board of examiners issuing them. If the certificate be based on a diploma or license he shall record the name of the medical institution conferring it and the date when conferred. The register of the county clerk shall be open to public inspection during business hours.

SEC. 8. Candidates for examination shall pay a fee of ten dollars in advance, of which five dollars shall be returned to them if a certificate be refused. The fees received by the board shall be paid into the treasury of the medical society by which the board shall have been appointed, and the expenses and compensation of the board shall be subject to arrangement with the society.

SEC. 9. Examinations may be in whole or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

SEC. 10. The board of examiners may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes. In all cases of refusal or

revocation the applicant may appeal to the body appointing the board.

SEC. 11. Any person shall be regarded as practicing medicine within the meaning of this act who shall profess publicly to be a physician and to prescribe for the sick, or who shall append to his or her name the letters "M. D.," or call himself or herself a doctor, or who shall profess to cure or treat any one. But nothing in this act shall be construed to prohibit students from prescribing under the super vision of preceptors, or to prohibit gratuitous services in cases of emergency. And this act shall not apply to commissioned surgeons of the United States army and navy or marine hospital service.

SEC. 12. Any itinerant vender of any drug, nostrum. ointment, or appliance of any kind, intended for the treatment of disease or injury, or who shall, by writing or printing, or any other method, publicly profess to cure or treat diseases, injury or deformity, by any drug, nostrum, manipulation or other expedient, shall pay a license of one hundred dollars a month, to be collected in the usual way.

SEC. 13. Any person practicing medicine or surgery in this State, any itinerent practitioners, peddlers or persons attempting to treat or cure, without complying with the provisions of this act, shall be punished by a fine of not less than fifty dollars, nor more than five hundred dollars, or by imprisonment in the county jail for a period of not less than thirty days, nor more than three hundred and sixty-five days, or by both such fine and imprisonment for each and every offense; and any person filing, or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and, upon conviction, shall be subject to such fine and imprisonment as are made and provided by the statutes of this State for the crime of forgery, but the penalty shall not be enforced till on and after the first day of —— eighteen hundred and seventy-nine: *Provided, That the provisions of this act shall not apply to those that have been practicing medicine ten years within this State, which may be regarded as a qualification of practice simply, and certificates may be issued to them stating the number of years' practice in the State: Provided, satisfactory letters of recommendation from reputable men be submitted.*

Miscellany.

Economy a Necessity.

There is no reason why medical men should escape the effects of the commercial depression which has been world-wide for the past five or six years, and, reason or no reason, there are remarkably few in this country at least, who have not realized that times are no longer what they once were, and that it is vain to cherish the delusion that living can be continued on the scale that was the rule during war times. Judicious business men long ago curtailed their expenses, and those who have gone under have been those who disregarded the fact that times for a number of years have been undergoing a change. We judge from a letter by J. Milner Fothergill to the *Phila. Medical Times* that our brethren in England are by no means exempt from the general depression. He says:

"There is not much of interest going on in the medical world here (London) as the receipts this Christmas, except with a very small number, have fallen far below the usual amount, and the Anglo-Saxon is chiefly impressionable in his pecuniary aspect. Christmas, with its festivities, is over, and now the bills have to be faced, and economy is the rule in doctors' homes as elsewhere."

Dr. D. W. Yandell, seated in front of his fire lately wrote a letter to his colleague, Dr. Parvin of the *American Practitioner*. It wasn't intended for publication at first, but on reading what he had written to his wife, Mrs. Yandell with a true womanly instinct suggested, "Why don't you put that in your 'Notes and Queries'? It would do some dispirited doctor good, may be." Our readers, when they have read the following extracts from the letter, will thank Mrs. Y. for her suggestion:

"The incomes of the rich have been cut; the salaries of officials have been cut; the receipts of commerce have been cut; the wages of employes have been scaled in every direction; the agriculturist scarcely realizes cost on the products of his fields. The hand of want has been laid heavily on the poor. Can we, doctors, who depend for our bread on all those classes of our fellow citizens, expect to escape what presses on them so painfully? Can the fifty thousand good, bad and indifferent men, who prescribe pills and potions, powders and plasters—who straighten crooked feet and squints in eyes and cut for the gravel—who chop off legs and bring in babies and such other small deer, can they, I ask, hope to fare better than their neighbors, their friends, their patrons? Not at all—not at all. And it is the rankest folly to expect it. Times got bad, and receipts from our work fell off. Times grew worse, and our incomes diminished accordingly. And they always *will* diminish *accordingly*. Therefore, let us not despond. To do so is not manly, and is foolish. No good can come of it, and evil will. We are not a whit worse off than our neighbors. You are not a whit worse off than any one of the first ten men you will meet to-morrow morning when you start out on your rounds. If he be a merchant, your anxieties are no greater than his. If he be a laborer, your chances for calls are no less than his are for work. If he be a lawyer, the likelihood of his getting a client and a fat fee

are no better than yours for getting a patient who will have a good paying disease. If he be a farmer, your face need be no longer than his, for your prospects are not one shade bluer. And then, has it never occurred to you, my dear brother in the bonds, that we have sources and resources which few of these friends of ours have? We have a consciousness of sympathy shown, of kindness rendered, of patience exercised, of good done and of skill exhibited, not only to the relief of suffering, but even to the saving of life itself. Have any of our friends such solaces as these? Not one. More:—Will not the same dews which fall on our friends, just or unjust, fall alike on us as well? Will not the same sun which will, in the cource of the cycles, come to irradiate and revivify, and cause to grow and prosper the various industries and interests of the nation, shine alike on us, poor sinners, all as we are? Surely.

Therefore, O, friend that you are, look things squarely in the face, look at them as they are. Don't try to blink them. Some one has said things are seldom as good as we hope, or as bad as we fear. Times will improve and with them our fortunes. The day will again come when we will be summoned to see the little man with an abrasion of his umbilicus, and the larger man whose nerves the terrapin he had at the club have unstrung, and the great lady who, having no terrapins at home and nothing to wear or to do, first raises Cain and then sails into hysterics and refuses to be comforted. We will have all this, and more of the same sort, as of yore. When the means to indulge in them return, people will demand luxuries as in days gone by; and what greater luxury is there in the world than an agreeable doctor when a body isn't much sick, or a thoroughly good one when you are? So, I say, my friend, be not cast down. "Though much is taken, much abides." Let us, as Ulysses bade his mariners, still "smite the sounding furrows," and remain "strong in will to strive, to seek, to find, and not to yield." That's what I'm going to do. If I can't get practice of physic to do I can practice economy, and that's the next best thing for the present. I am going to economize in horses, in clothes, and in the countless *et ceteras* in which we all do so love to indulge; I am going to economize in every way and in every thing, save and except in my contributions to charities, which I hope will be the last to go, and in medical books and journals. The latter I will have, if to get them requires that I should deny myself all things else. For they, whatever may be said to the contrary, are to the doctor what capital is to the merchant, stock and seed to the farmer, and prices current to trade. They are simply indispensable."

A Tribute to the "News."

The following explains itself, and we have only to say, in reply, that we are deeply grateful for this expression of approval of our services in the cause of an advanced medical standard. In the interests of the common professional good, we could have hoped that our State contemporaries had shown a disposition to join hands with us in this matter:

THREE OAKS, MICH., February 13, 1879.

J. J. Mulheron, M. D., Detroit, Mich.:

DEAR DOCTOR:—At a regular meeting of the Berrien County Medical Society, held at New Buffalo, Mich., on Wednesday, February 12th, 1879, the accompanying resolution was unanimously adopted by the society.

Yours fraternally,
FRED. F. SOVEREIGN, Secretary.

Resolved, That the thanks of this society be tendered to the MICHIGAN MEDICAL NEWS for its fidelity in the cause of medical legislation, and for its keeping the matter constantly before its readers.

Resolved, That we pledge our support to this journal.

W. A. NEAL, President, Dayton, Mich.
FRED. F. SOVEREIGN, Sec'y,
Three Oaks, Mich.

SOLID SAYINGS.—Chancellor Crosby, on the 18th inst., conferred the degree of M. D. on 205 graduates of the Medical Department of the University of New York. From the address he delivered on the occasion the following gems are culled:

1. "A rolling stone gathers no moss," or "An itinerant doctor gets no practice." A restless fisherman didn't get bites, but went home at evening with an empty basket. 2. "The early bird catches the worm." If the doctor was ready on call, the people would be ready with their calls. 3. "Pleasant words are health to the bones;" which might be read, "A doctor's cheerfulness is often as good as his physic." 4. "Take care of the pennies and the pounds will take care of themselves." 5. "Industry wins the prize." 6. "Nip mischief in the bud." The address was closed by giving the graduates a few general sentiments, such as: "Yours is a profession, and not a trade. The object of a trade is to make money; the object of a profession is to bless mankind."

A NEW CATARRH REMEDY.—A certain Renzoni has introduced a new, and efficient, though somewhat disgusting remedy for ozæna. Having treated a case unsuccessfully with the usual antiseptic applications, he inoculated the mucous membrane of the nostrils with gonorrhœal virus, which set up a specific inflammation. The nasal gonorrhœa was cured in fourteen days, with a thirty per cent. solution of nitrate of silver, followed by tannin and antiseptics. On the disappearance of the specific trouble no trace of the ozæna remained.

This treatment reminds one of the Western doctor who couldn't cure the disease his patient suffered from, but he could throw him into fits, and he was — on fits. The catarrh doctor of the future may not be able to cure ozæna, but he can give his patient's nose the gonorrhœa and in this way reach his case.

Paragraphs.

Motto for the champions of the Electric Light: *Divide et Impera.*

Paris hospitals number 15,345 beds. Hopice de la Salpetriére and Hospice de Becétre are the largest, the former having 3,731 beds and the latter 2,334.

ERRATUM.—In Dr. Hazlewood's article in the NEWS of 10th inst., "uterus" on page 31, third line from the bottom, should read "ureters."

The total number of medical students in the metropolitan and provincial schools of Great Britain in 1877, is officially reported as 2,333. In 1867 it was 1,382.

Illinois has 4,950 doctors. Of these 3,646 are regular; 437 homœopathic: 456 eclectic; 37 physio-medical (whatever that means); 336 not stated; all others 38.

In Holland, female pharmacists are becoming popular. They are recognized by the law and are recommended by their orderly habits and their cleanliness and accuracy. This is a good field for women.

Sleeplessness is often associated with, and is the result of cold feet. Dip the feet in cold water for a brief period and then rub them with a flesh brush or coarse towel until they glow. This will warm them and bring sleep.

"Are Oysters healthy?" inquired an ancient dame of her physician. "I am inclined to believe that they are remarkably so," was the reply, "as I have never yet met with a single one that complained of being unwell."

Exclusive of homœopathic and eclectic schools, America boasts (?) of sixty-five medical schools—more schools to the square mile than any other country on the globe! And yet we're not happy; "long felt wants" ever and anon coming to the surface.

Dr. George Gray, of Denison, Texas, a physician who distinguished himself during the late yellow fever epidemic by his attention to the sufferers, committed suicide by shooting himself through the head at New Orleans on the 15th inst. No reason for the act is assigned.

Prof. Geo. E. Frothingham's "A Plea for Medical Legislation" appears as a reprint from the *Michigan University Medical Journal* of May, 1871. It is a powerful argument, and its appearance at the present time is very opportune. We hope that copies have been distributed among the members of the State Legislature, and that they may read and inwardly digest the same.

The name of Robert Bartholow, of Cincinnati, is prominently mentioned in connection with the chair at Jefferson, left vacant by the death of Dr. Biddle. The appointment would be a good one and a fitting recognition of ability.

The man who gives as his excuse for not subscribing to a new journal, "I haven't time to read those I already take," is, in nine cases out of ten, a poor tool. The busiest, most successful men in the practice of medicine, are those who read most, and write most. They are the systematic workers; it is only the dawdler and the drone who "can't find time to read."

The *Vienna Medical Press* tells us how a German homœopath got rid of a tape worm. He placed a musical box in juxtaposition to his patient's anal aperture and when it (the music box) began to play the worm "felt so awful jolly" that it came down head foremost, and attached itself to the instrument. Truly, music hath charms to soothe the savage tape worm!

We are informed by the *Archives of Dermatology* that Prof. Erasmus Wilson, F. R. S., F. R. C. C., has just given his check for $50,000 to Mr. John Dixon, who had the contract for the removal of Cleopatra's Needle from the banks of the Nile, and placing it on the banks of the Thames. The "needle" stands now as a monument to Dermatology, as the funds necessary for its erection on its present site were derived solely from Professor Wilson's practice in his specialty.

St. Louis doctors and medical editors have their occasional little amenities, one of which is the holding of one another to "strict personal responsibility." Recently an editor referred to a brother quill driver as "a liar, a smuggler and an *ass*", and the remark provoked a discussion in which a heavy stick was the leading argument. This method of settling dis

putes is apparently peculiar to the St. Louis M. D., and he shows a predilection for it even after he has lived for some time in law-abiding Michigan.

Long Branch is a "tony" place, yet a recent investigation of the matter revealed the fact that it numbers three hundred families who never pay a doctor's bill, but who, as soon as they get all the credit they can from one doctor pass on to another, who is always glad to be favored with their distinguished patronage. And the aristocratic dead beats are not all in Long Branch by any means, neither are their medical dupes.

From 1797 to 1878, two hundred and fifty medical journals have been started in the United States. One hundred and ninety-six of these have died. Of the dear departed, 10 gave out with their first number, 21 did not finish their first volume, 61 merely finished their first volume and 39 only lived to finish their second volume. Of all the survivors the *American Journal of Medical Science* and the *Boston Medical and Surgical Journal* are the only two which have seen fifty years of existence.

Philadelphia Medical Times: The following epitaph is stated by Dr. Goodell to have been taken from a tombstone:

DR. GREENWOOD, ON THE DEATH OF HIS WIFE.

Death! O, Death! thou hast cut down
The fairest Greenwood in all this town!
Her virtues and abilities were such
She was fitting to be the wife of lord or judge;
Yet, such was her condescension and humility,
She chose to marry me, a poor doctor of divinity;
For which heroic act she stands confest,
Above all women, the phœnix of her sex,
Who, like that bird, one young one she did beget,
Not to leave her mate disconsolate.
Alack! alas! my grief it is so sore
That I can only write but two lines more;
For her's and every other good woman's sake [back.
Never to let a blister-plaster be put on a lying-in woman's

Original Articles.

Vaccinia and Variola.

BY C. C. YEMANS, M. D.

In all matters relating to public hygiene great care should be observed in formulating general conclusions. This is especially true in regard to all contagious diseases. Cities are liable to epidemics from defective sewerage, bad water supply and from many other causes known to us, as well as from causes not known to us. All sanitarians are more especially fearful of those epidemics called contagious, as scarlatina, variola, etc. The conditions upon which the healthfulness or unhealthfulness of a city depends are exceedingly complicated, and, at the best, our conclusions are simply greater or lesser probabilities. I am reminded of this while reading an article in the November number of the *Chicago Medical Journal and Examiner*, an abstract of which appears in the February number of the *Detroit Lancet*, in which Dr. Knox lays down in exact theorems what seems to him to be demonstrated by the facts there recited, drawn from his experience during the small-pox epidemic (?) of 175 cases reported in 1877. I wish to say I am a friend to vaccination and a believer in its utility, at the same time we must seek facts and not sentiment. We must avoid the vice of hasty generalization. Even Herschell fell into this circle in astronomy. The article before me is an example of this dangerous process. The general conclusion is so fascinating.

Theorem I.: "Small-pox cannot become a serious epidemic in any city where vaccination and isolation are compulsory and thoroughly accomplished."

Important if true! Our experience in Detroit in 1877, agrees in part with this, and should cause us to regard vaccination as the only known prophylactic.

Theorem II.: "Removal to hospital is to the advantage of the patient." In the main this may be true, but the facts given by no means warrant the conclusion. Indeed the conceivable exceptions are so numerous as to destroy the rule. That 22.5 per cent. of the hospital patients, and 45 per cent. of those treated at home died is accounted for by the fact stated that those remaining at home were too sick to be taken to hospital. Detroit has no small-pox hospital—pest-house—for any emergency.

* * * * * * * * *

Theorem IV.: "Recent successful vaccination is an absolute protection against small-pox in any form." This is very important Unfortunately it is contrary to all our experience, and even the cases cited are not pertinent, and are far too small in number to sustain the theorem. I have seen this rule violated so often, that it seems strange one should see any considerable number of variola cases and not discover the same. What shall we say of those cases "reported" of variola the second time? But if variola itself is not "an *absolute* protection against small-pox," how can vaccinia be an absolute protection?

On the other hand, persons are susceptible to vaccinia every year or oftener (*i. e.*, successful re-vaccination), and, if susceptible to re-vaccination, why not to variola?—vide Beal on disease germs; or for instance, in this same article, "E. K., mother of the above child, was successfully vaccinated by me, although she had been *successfully* vaccinated three separate times in the past ten years,"—page 485.

That in a city of 500,000 inhabitants the vaccination of a very small per cent. of the people was alone to be credited with the very favorable results seems quite improbable.

Theorem V.: "Successful vaccination modifies small-pox, if done during the course of the latter disease." As to this proposition, I scarcely know how its truthfulness can be demonstrated, and I do not think a demonstration possible. I think, further, it is not sound, while practically it may not be hurtful. Page 486, "two days later, *i. e.*, after vaccina

tion, small-pox showed itself. The vaccination also was successful, and the two diseases synchronously occurred in the same body. I am satisfied that the vaccination saved the child's life." Of another case, "the doctor assured me that the vaccination modified the small-pox as to time and character, and that the child recovered thereby." *A priori.*

What I write is not written to undervalue the benefits of vaccination in the least, but certain disastrous consequences may follow a reliance on the above noticed propositions, and therefore I have called in question their correctness. They (theorems) stand each (except, perhaps, the first) related as *non-sequitur* to the facts.

82 Sproat Street, Detroit, Mich.

Soft Rubber Catheters.

BY H. W. HENDRICK, M. D.

Having seen some of the evils which result from the use of non-flexible catheters, when not properly used, I am led to say a few words in favor of the soft rubber catheter, which can be used without injury, and often to the relief of the patient. Having, a few weeks since, had a case of enlarged prostate with retention of urine, I introduced a soft rubber catheter and drew off the urine. I then attached a common rubber syringe and washed out the bladder with tepid water. This procedure gave my patient the most relief he had experienced for many days. The next day I again used the catheter and washed out the bladder as before, allowing the catheter to remain a few hours. Since then I have not used the catheter, my patient passing water often and with very little effort.

I hope I may hear from other readers of the NEWS who may already have tried this instrument, or who may be induced to do so by this note.

HYDE PARK, Vt.

Remedies for Hemorrhoids.

BY A. J. ROE, M. D.

In an article by H. A. Eberle, in the last number of your valuable journal, the statement was made that iodoform would cure hemorrhoids, and stating that he had cured several cases by the local use of a cerate of that substance. The cases he refers to I would pronounce fissures. In my experience iodoform will cure fissure, but not hemorrhoids, and I have used it many times, both as a local application and a hypodermic injection into the tumor. When used hypodermically it will cause a removal of the tumor, but if nothing is used at the same time to destroy the veins and integument, they will soon return. Iodoform is valuable in fissure and will cure ordinary cases in a short time, but I prefer the hydrate of chloral in solution of the strength of four grains to the ounce of distilled water; it should be applied directly to the fissure once a day. This has proved a quick and permanent cure in all cases in which I have tried it. The bowels should be regulated by the administration of ¼ gr. doses of podophyllin nightly.

Physicians who have treated hemorrhoids by the hypodermic injection of carbolic acid will have observed that some patients have suffered a great deal of pain after the treatment, while others felt scarcely any at all. The following formula I have found, if used with care, to cause little or no pain in any case:

℞ Acidi Carbolici (Calvert's No. 1)..... ʒ ss.
Iodoform..... grs. xxx.
Balsam Peru..... ʒ i.
Camphorated phenol..... ʒ iii.

M. Inject 2 to 6 drops, according to size of tumor. Inject but one or two tumors at once.

TAYLORVILLE, Ill.

Selections.

REMEDIES IN HEADACHE.—Dr. W. H. Day makes the following remarks on some remedies for headache (*British Medical Journal*). Croton-chloral has been recommended by Dr. Liebreich, of Berlin, as possessing a special action on the sensory branches of the fifth nerve. It is of most benefit in facial neuralgia, relieving pain and producing sleep. I have known it to prove very serviceable in some cases of nervous headache in which the disorder has chiefly occupied one temple, the occiput and neck, or one parietal bone; and in other cases not only to utterly fail, but to induce sickness and nausea, if they did not previously exist. I generally give ten grains for a dose, in plain water, though it has been recommended to dissolve the remedy in a few drops of glycerine and then add the required quantity of cinnamon water, which, to some extent, disguises the bitter, nauseous taste. On this account, it may be given in the form of a pill, beginning with two grains and increasing the dose according to the urgency of the symptoms.

Hydrate of chloral is a remedy which has become one of the most frequently chosen of therapeutic agents, from its hypnotic effects. In large doses it is a narcotic, and in very large doses it is said to produce anæsthesia. In nervous, and spasmodic diseases, as puerperal convulsions, trismus nascentium, and the sleeplessness of chorea, we all recognize its value. In headaches, whether of the nervous or vascular type, when the pain is wearing out the patient and sleep cannot be obtained, chloral is of undoubted value. Chloral is a remedy requiring extreme caution in its administration whenever headache has recurred so often as to exhaust the patient's nerve force. Where the pulse has become small and weak, through constitutional debility or failure of the heart's action, a full dose may be followed by syncope. Incautiously administered, it may reduce the frequency of respiration and annihilate the pulse.

It lessons blood-pressure by its action on the vaso-motor system, and also by depressing the heart's action; hence it requires caution in cases where the patient, although severely suffering, is exhausted. In some cases, after its administration, I have observed such profound sleep and quiet and shallow respiration as to make me cautious in employing it where the circulation is feeble.

Chloral has a decided effect upon the vascular system, and if the pulse be firm or hard, the face flushed, or the excitement considerable, it relaxes the muscular walls of the arteries and reduces blood-pressure. It has been recommended not to employ a larger initial dose than ten grains; but I have never witnessed any effects of an overdose from twice the quantity. Very alarming symptoms have followed doses of forty and even thirty grains, so that its use requires caution, if the nerve power be much reduced.

Gelsemium is something useful in neuralgic headache and the neuralgia arising from decayed teeth. The powder and the tincture are the two forms for administration. The dose of the former is from one to two grains, and of the latter from ten to twenty minims. It is a powerful remedy, and, as many fatal cases are recorded from an overdose, its use requires caution. My experience of it is very limited, from having many more remedies at my command with which I am better acquainted. In one case I gave a grain of the powder in a pill every night for sleeplessness caused by neuralgic headache, and it exercised a most beneficial effect.

Phosphorus is one of the most important agents we possess in nervous exhaustion, and its efficacy is undoubted when administered in an unoxidized state, capable of being readily assimilated. No remedy requires more care in prescribing than this; for, while in small doses it is a gentle stimulant and tonic, in large doses it depresses the heart's action, like chloral, and is not free from danger.

USE OF DISINFECTING INJECTIONS INTO THE UTERUS AFTER DELIVERY.—In our last report of progress we gave a *resumé* of several recent writings, all of which favored the use of disinfecting injections during the puerperal state. Since then two communications have appeared, (Centralblatt für Gynäkologie, xiv. 16.) written by Küstner and Fritsch respectively. In both of these the attention of the profession is called to the danger which is liable to follow a too free use of disinfectants in washing out the cavity of the uterus after delivery. In the cases observed by these writers the symptoms were unmistakably those of acute poisoning. Dr. Küstner's case proved fatal, and at the autopsy it appeared that the uterus itself had not in any way been injured by the introduction of the syringe. Yet there had been suddenly developed unconsciousness, contraction of the pupils of the eyes, rapid respiration, dyspnœa, and a weak and scarcely perceptible pulse. The muscles of the face were convulsed, the head was thrown backwards, the jaws were fixed, and a cold sweat covered the patient. In from ten to fifteen minutes the patient improved considerably. Half an hour later the patient vomited a black vomitus, and the urine drawn by a catheter was black. The disinfecting solution used in this case was one part of carbolic acid to twenty of water.

Dr. Fritsch reports three cases in which most dangerous symptoms arose. In one of these cases the disinfectant used was salicylic acid, and in two carbolic acid. In all of them there was a sudden collapse, followed by unconsciousness and a very rapid pulse. In the two cases in which carbolic acid had been used there was observed the same discoloration of the urine. These three cases recovered. In all of them the uterus was imperfectly contracted.

Both observers regarded these symptoms as due to the very rapid poisoning of the patient by the entrance of the disinfecting agent into the circulation through the patulous sinuses of the imperfectly contracted uterus. They still strongly favor the use of a disinfecting irrigation of the puerperal uterus in all cases in which the attendant has reason to suspect any putrid absorption, but they both recommend that, in all such cases, the injection should be performed with the greatest care, and that especially the introduction of a forcible stream should always be carefully avoided.—*Boston Medical and Surgical Journal.*

ON THE LOCAL APPLICATION OF EXTRACT CONII FLUIDUM IN SOME DISEASED CONDITIONS OF THE THROAT.—Although I am aware that preparations of conium have been used for some years back, as a local application to the throat by means of the atomizer, and also in steam inhalations, I do not think the true value of the drug as a local sedative in diseases of the respiratory track has been sufficiently appreciated by the profession.

Every one who practices laryngology to any extent comes in contact not unfrequently with patients in whom the introduction of the mirror, be it done never so gently, brings on the most violent efforts at emesis, in fact, I dare say we have all seen cases in whom it was only necessary for the patient to open his mouth, and the doctor to make a motion as if to introduce the mirror, and, before it had crossed the line of the teeth, violent retching, or actual vomiting would be produced, and although by the exercise of a little patience we are seldom balked in our endeavors to obtain a view of the vocal cords, still a remedy which will diminish this extreme irritability would be conducive of much comfort to the sufferer and to the doctor. Such a remedy we have according to my experience in conium, used either in the form of spray in the proportion of Ext. Conii Fluidi, gtt. x —Aq. f ℥ j., or, applied to the fauces by the brush in the proportion of one part of the fluid extract to two

of water. After the application let the patient rest for a few minutes, and on the next trial with the mirror there will usually be found a greatly increased power of toleration of foreign bodies in contact with the uvula and adjacent parts than there was before.

Applied directly to the cords in all forms of laryngitis it rarely fails to give relief to the more distressing symptoms, and its beneficial results in ulcerated conditions of the larynx incident to phthisis, syphilis, etc., are often most marked, quieting the continual cough, and pain on swallowing in a way that is not excelled by any other remedy.

In applications to the larynx I use the fluid extract of the leaves without any admixture.

Some objection may be urged against its employment in the manner indicated above on the ground that there is danger of giving an over dose; but a little reflection will show that such fears are baseless as the ordinary laryngeal brush such as I use, made by Reiner, in Vienna, does not hold many drops of the fluid of which a large proportion remains in the brush after use. Of course in the employment of the spray apparatus, some precaution must be taken, and you should not continue its use after you think that you have thrown a medium sized dose of conium into the throat.

As an addition to other drugs, or used alone in steam inhalations, it affords much relief in acute bronchitis.

I do not claim for conium a curative power in any of the complaints enumerated excepting so far as its sedative influence by quieting irritation of the parts may induce them more kindly to set up a healing process; as, for instance in those cases of throat disease where, after having made my astringent or caustic application, I have followed it up immediately with the conium, I have thought my results to have been better than when such were used alone; but, be that as it may, by masking the more objectionable symptoms as far as the patient's sensations are concerned it certainly affords him much comfort. —Dr. F. W. Pearson, in *Maryland Medical Journal.*

A Cheap and Expeditious Method for Preparing Lister's Bandages.—At the suggestion of Prof. Tiffany I made several experiments in order to prepare, in a short time and with as little expense as possible, a material approaching in character to that found in the market. The formula which I adopted after making a number of experiments, and which gave the best result is

Boiled linseed oil.....	℥ iv,
Yellow wax.....	℥ ij,
Rosin	℥ iv,
Spts. turpentine.....	℥ viij,
Calvert's carb. acid No. 2...	℥ j.

Melt the oil, wax and rosin together over a water bath and add the turpentine and carbolic acid. Then take a piece of tarlatane sixteen yards long by two yards wide, and immerse it in this menstrum, while still fluid. Then pass it through an ordinary clothes wringer. Pass it through the wringer three or four times, or until no more of the mass can be squeezed through, then fold it and wrap it in oiled silk or carbolized paper, and preserve it in a tin box carefully excluded from the air to prevent the evaporation of the carbolic acid.

The article prepared in the above manner is equal in beauty to that found in the market, and sold at 25 cents per yard. The process above described will yield a material which is soft, pliable and does not become sticky when brought in contact with the body. As far as I understand, the expensiveness of the commercial article has prevented its introduction into general use in hospital and private practice. The bandaging prepared by the above manner costs eight cents per yard, or less than one-third the price of that found in the market.—E. W. Eilau, in *Maryand Medical Journal.*

Menorrhagia Treated by Electricity.—The cases of menorrhagia are so diverse that it is manifestly impossible to intelligently prognosticate its behavior under any method of treatment, without some knowledge of its origin. Now it is well recognized that whenever we have a case of this kind, it either depends on some cause seated in the constitution generally, or on some local sexual disorder. An excessive flow at the menstrual period may be associated with granular degeneration of the kidney. We find in this condition an altered state of the blood; it becomes attenuated, and readily escapes from the engorged vessels. Under these circumstances, there can, of course, be no indication for the use of electricity.

When, however, an excessive flow occurs (as it does not infrequently, and especially towards the decline of sexual activity), in consequence of inactivity of the liver, and constipation, associated with a degree of nervous exhaustion, the indications are self-evident, and are often excellently met by the powerful constitutional tonic effects of general faradization. From such local causes of menorrhagia, as misplacements, intra-uterine morbid growths, and certain affections of the ovaries, electrical applications are ordinarily of doubtful efficacy.

The following case is of interest, on account both of the persistency and severity of its symptoms and its uninterrupted progress toward complete recovery under the treatment adopted. Powerfully illustrative as it is of the efficiency of electrical treatment in certain hæmorrhages, it would not commend itself so favorably, to my own mind, at least, if it were unsupported by more extended clinical observation, and without the rationale of the effects of the method was susceptible of explanation. I have seen, not only uterine, but other forms of hæmorrhage—especially from the rectum—modified and checked by this form of treatment, in quite a number of instances.—Dr. Rockwell, in *Va. Medical Monthly.*

SURGICAL TREATMENT OF ANASARCA.—Dr. H. A. Wickers writes to the *Lancet:* The treatment of anasarca, whether cardiac or renal in its origin, after ordinary therapeutic measures have failed, is in most instances very unsatisfactory. If the patient be let alone, after a time he gets water-logged and dies; incisions nearly always lead to sloughing; and other plans of treatment, such as drainage tubes, etc., have proved scarcely less unsuccessful.

The following method has been in use for several months at Charing-cross Hospital, where it has been employed in some forty or fifty cases; it is readily carried out, gives great relief to the patient, and has never been followed by ulceration, sloughing or inflammation.

The legs having been well oiled, and a mackintosh sheet placed under them, about twenty or thirty punctures are rapidly made in their sides with a stout needle or hare-lip pin; some sponges, which have been well wrung out in a saturated watery solution of salicylic acid, are now placed against the punctures, so as to absorb the fluid as it transudes; these sponges, as they become filled, are squeezed out, and again passed through a solution of salicylic acid before being replaced against the patient's skin. In this manner renewals may be required about every two or three hours; and four or five pints of the fluid may be drained away during the first day, the whole process being possibly completed in four or five days, at the end of which time the punctures are usually healed. By the use of salicylic acid, decomposition of the dropsical fluid does not occur, the sponges are kept free from fetor, the skin is not irritated, and cutaneous inflammations of a low type are entirely prevented.

INVERSION OF THE UTERUS.—Dr. H. P. C. Wilson, of Baltimore, reports in *New York Medical Journal* for February a case of inversion of the uterus which occurred in November, 1877, after a natural labor of seven hours. This was her second confinement. A few minutes after delivery, while pressure was being applied to the abdomen and gentle traction on the cord, the after-birth came away with a splash and with it a mass which protruded about two inches from the vulva. The procedented uterus, as was supposed, was replaced in the pelvis with little difficulty and nothing more was thought of the matter till the following May, though the patient's health became very poor. Since the birth of her child she had been losing blood from the womb constantly and at times profusely, yet no examination had been made to ascertain the nature of the local difficulty.

An examination disclosed a tumor just within the vulva with its upper end projecting from a dilated os uteri. The body of the uterus could nowhere be found, either *per rectum* or *per vaginam*, and hence that which so closely resembled a fibroid was found to be an inverted uterus.

Chloroform was administered, the hand introduced, the fundus grasped, pressure applied and in one hour and ten minutes the womb returned to its normal position.

In this case the physician saw, what very few have ever seen, "The process of menstruation going on from the surface of the uterus turned inside out. It gave the impression of a sweating of blood from the surface of an engorged mucous membrane, just like the sweating of perspiration from the surface of the skin over an excited capillary circulation."

HYPODERMICS OF CARBOLIC ACID SOLUTION IN ERYSIPELAS.—During the months of October and November, 1878, there were several cases of erysipelas in Providence Hospital, the disease originating apparently from a patient with gangrenous sore throat, who had been placed in the surgical ward.

The first person attacked was the man in the adjoining bed, who had been several years in the hospital with constitutional syphilis. The disease commenced in the scrotum and rapidly extended over the abdomen, causing death in a few days, notwithstanding the usual surgical and medical practice in such cases.

The next case was that of an old lady who had also been some time in the hospital, "St. John's ward," with a chronic ulcer of left leg, just above the ankle. The disease first noticed November 7th, about the ulcer, from which it extended in a few days to the knee and thigh. The limb was much swollen and vesicles numerous. She was given tr. ferri, and quin. sulph. in large doses; the limb was painted with tr. iodine above the disease every morning, and astringents with opium applied. On the 10th day, the disease being still active, especially on the posterior aspect of the thigh, although much better below, I injected eight hypodermic syringefuls of a 3 per cent. solution of carbolic acid into the most intensely inflamed region; the next morning the disease had so much subsided that nothing further was done for her.

Two other cases follow in which the same treatment was successfully adopted.

Although I have used the above treatment in but three cases, I have been induced to report them on account of the importance of the subject and the striking result obtained in each. I think that most surgeons will admit that the usual plan of treatment is extremely unsatisfactory, and very little confidence is to be placed in the numerous local and constitutional specifics recommended. We should give, as soon as practicable, this new treatment a just trial, for I am inclined to believe it far superior to any heretofore practiced.—J. Ford Thompson, in *National Medical Review.*

ERGOT IN STRANGULATED HERNIA.—The *Gazette des Hopitaux* relates two cases of strangulated hernia which were relieved by the outward application and

internal administration of ergot. In the first, a patient fifty years of age, an ointment of ergot was applied locally every two hours, after having washed the swelling with a warm alkaline solution; full doses of ergot were also given every hour. After four or five hours vomiting ceased and twelve hours later the gut returned spontaneously. In the second case, aged twenty-eight, several ineffecual attempts had been made to reduce by taxis. Fifteen leeches were applied over the tumor and ergot administered as in the first case. In eleven hours taxis was employed with success. M. Planat thinks the ergot would act more efficiently administered hypodermically, and especially in the hernial sac itself.

ATROPIA IN CROUP.—The sulphate of atropia in a one per cent. solution has been used with success in the treatment of a case of croup which threatened a fatal termination. Dr. De Poutènes, of Antibes, reports in *L' Union Medicale*, that in the third day of the attack, death seemed inevitable, medication having failed to benefit; the epigastrium was retracted, the face and neck swollen and purple; three drops of the solution were injected on the left side of the neck, on a level with the pneumogastric; although there was in a few minutes improvement, in four hours the dose was repeated, amelioration was decided, and in a few days recovery was complete. The suggestion is a valuable one, in such cases as are threatening suffocation from other causes than exudation, and which are accompanied by congestion and œdema, resulting perhaps from, or associated with, more or less paralysis of the pneumogastric, to which nerve, belladonna is a special excitant.—*Am. Jour. of Med. Sc., and Dublin Jour. of Med. Sc.*, Jan. 1879.

NITRITE OF AMYL AND MORPHIA IN CONVULSIONS.—Dr. Hays (Engel) relates important results from the use of morphia, subcutaneously, in conjunction with inhalation of nitrite of amyl, in extreme cases of infantile eclampsia. The indications for the use of these remedies being decided paleness of surface, showing an almost tetanic contraction of the arterioles. The amount of amyl inhaled in the severest case, was five drops, administered immediately after the hypodermic use of ¼ gr. morphia. The patient was eighteen months old, and subject to severe convulsions, of which three children of the same family had died. This addition to therapeusis in these terrible cases, promises to be most valuable.—*Phila. Med. Times.*

SCROFULOUS SORES.—A Scotch clergyman states in the Edinburgh *Medical Journal* for March, 1876, that three grains of corrosive sublimate in a pint of whisky constitute an almost infallible remedy in scrofulous sores or runnings. A rag dipped in this twice or thrice a day should be kept on the ulcers until healed.

SULPHIDE OF CALCIUM IN INFLAMMATION OF THE EXTERNAL AUDITORY MEATUS.—Dr. Samuel Sexton (*Am. Journal of Otology*, Jan., 1879), has used this preparation with great success in the affection indicated. He confirms Sidney Ringer's statements regarding the efficacy of calcium sulphide in all furuncular inflammations. He gives it in nearly all cases where inflammation of the meatus externus is a symptom, in some stage or other of the disease, but especially in those where suppuration has occurred or threatens to occur. He also employs it in cases where caries of the bone, periostitis or extensive destruction of the tissues have already taken place.

Under this treatment, furuncles in the meatus are frequently observed to abort and dry up without a discharge of pus. In cases where the pain is urgent from distention, or collections of pus too large to be absorbed exist, of course free incisions are to be employed.

He gives "the first decimal trituration" (calcium sulphide, 1 part, sugar of milk, 9 parts well triturated) in doses of one grain every two or three hours in urgent cases; less frequently in those that are subacute. In children, the dose should be less; a grain of the trituration may be diffused in water. The medicine is usually given dry upon the tongue, and the only unpleasant symptom provoked is occasionally nausea, caused by its disagreeable taste.

IATROLIPTIC MEDICATION.—Prof. L. P. Yandell urges the more extensive use of iatroliptic medication, that is, the rubbing into the skin of drugs and nutritious oils. He has had satisfactory results from quinia by mixing it with glycerine, ʒ j. to ʒ j., and rubbing in a sixth or a fourth of this daily. He has cured diarrhœa by rubbing tannic acid and glycerine into the abdomen, and has seen diarrhœa result from the inunction of croton oil. He has great faith in the inunction of cod-liver oil, olive oil, or hog's lard in phthisis and marasmic conditions.—*Louisville Med. News.*

SALICYLIC ACID ENEMATA IN DYSENTERY.—Dr. Berthold employs an enema consisting of one gram of salicylic acid, three hundred grams of distilled water, and alcohol q. s. In dysentery with tenesmus and bloody stools he administers it every four hours. The tenesmus diminishes, and the number of stools is rapidly reduced, the fecal matters gradually acquiring their normal appearance, the temperature diminishing and the appetite returning.—*Union Médical.*

COUGH MIXTURE.—J. Milner Fothergill says, in the *Philadelphia Times*, that hydrobromic acid, with spirit of chloroform and syrup of squill—and if the case be that of a very agreeable lady and a favorite patient, a few drops of spirit of nutmeg might be added—constitutes an excellent and palatable cough medicine.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

MEDICAL EDUCATION.

Fresh interest has been added to this somewhat trite subject by the call published in our last for a convention of the American Medical Colleges, at which an advanced standard of qualification and an extended course of study are to be the special topics for discussion. The colleges have thus, after many weary years and much importuning on the part of the profession, shown a disposition to leave the ruts and to take a step onward. This is a healthful sign, and it matters little whether the schools are actuated by purely pecuniary considerations or by a true desire for the advancement of science. We are constrained to believe that the former has heretofore been the leading obstacle in the way of the much needed reform. The medical schools of the country may be divided into three classes, in so far as the reasons for their existence are concerned. One of these comprises those which are essentially and directly money-making institutions. Located at the great commercial centres, they offer superior advantages to more advanced students, and their patronage is sufficient to yield an income which amply repays their professors for their services, and makes them in a measure independent of practice. A second class comprises the schools whose professorial staffs do not expect any profits from the direct returns of the students' fees, but who look for a recompense for their labors in the increased practice which is expected to come through the reputation which their connection with a teaching body gives them. The third class comprises those schools which are supported either by endowment or appropriation from state treasuries. One would naturally suppose that the schools comprised in the first class would be the most interested in any change in curriculum or period of study which would be likely to affect the number of matriculants, and the fact is that, whether through selfish motives or otherwise we are not prepared to say, the opposition to the oft-repeated demand on the part of the profession, as expressed through the medical press, for a higher standard of qualification, has mainly come from this source. They have not been wanting in arguments to sustain their position, and one of the most specious of these has been that the rapidly growing population has created a demand for physicians which would stand in danger of not being supplied were entrance to the profession made difficult. Recent statistics have completely removed the grounds for this argument; they in fact demonstrate that America is glutted with doctors, having a proportion of physicians to population nearly three times as large as that of any other country, and over four times as large as that of most countries. There is little doubt that the ease with which diplomas have been procured is responsible for this. The necessary funds to secure professors' tickets have in too many instances outranked brains as a qualification for a medical degree. The tendency of this state of things is to induce inferior men to study medicine, and to drive into other channels those who would do the profession credit.

The schools of the first class are more influential than those of the other classes combined, and however much the latter may have been in favor of improvement, the opposition of the former was sufficient to negative all their efforts. It was necessary, therefore, to convince the New York and Philadelphia schools that an improved standard does not necessarily imply diminished returns in the way of students' fees, and it remained for Harvard and the Universities of Michigan and Pennsylvania to practically demonstrate the fact.

The success of the experiments of these schools in raising their standards of requirement and in lengthening their courses of study has doubtless removed the most serious obstacle in the way of reform.

Miscellany.

THE PLAGUE.

Official reports received from European medical officers in China show conclusively that true "bubonic plague" has prevailed extensively in that empire during the thirty years preceding 1873, when it was supposed to be wholly extinct. The reports also show that owing to the meagre facilities for communication with central Asia, virulent epidemics may ravage extensive districts of that country without any knowledge of their existence extending to Europe. The reports present records of the disease having prevailed in the Province of Yunnan, to which it seems to have been introduced from Burmah, during twenty of the thirty years in question, varying in intensity in different parts of the province and in different years. The appearance of the disease was coincident with the breaking out of the rebellion against the imperial government, which was longer maintained, and suppressed with more violent measures, in Yunnan than in any of the other provinces; conditions which undoubtedly contributed greatly to its virulence, as did also the superstitious practice of refusing to bury the dead, who are exposed on a bier to the sun till completely decomposed. The plague was very prevalent in Yunnan in 1871–2–3, and in the latter year suddenly re-appeared in Mesopotamia and Persia, gradually extending its area until in 1877 it reached the shores of the Caspian sea, prevailing especially at the town of Restch, which has a direct trade with Astrakan. In May and November, 1877, a fever of intermittent type, accompanied with glandular swellings, prevailed in the port of Astrakan, and in Wetlyanka and other villages of that province, and in November, 1878, a similar affection again appeared at Wetlyanka; few deaths had occurred up to this time, but about December 1st the disease assumed the malignant character that has marked the present outbreak. The report of the Russian medical service of the interior for 1877, which has just been made public, announces that 241 cases of Siberian plague were reported to the government during the year, the mortality being 21 per cent.; the principal outbreaks occurred in the provinces of Viatka and Tchernigow, which are at a considerable distance from each other, and were contemporaneous with, or occurred soon after, the virulent prevalence of the disease in Persia.

From the above facts, which have been obtained from official sources, and are in the main well attested, it seems proper to conclude that instead of the late outbreak being due to the spontaneous regeneration of the virus of the plague in the valley of the Volga, or at the farthest, in Persia, the disease was re-introduced from China into Persia and thence to Russia, local conditions in each instance probably favoring its development. Of these conditions, no authentic account will be obtained until the International Commission of Experts, who are visiting the infected district, make their report. The return of cold weather, combined with the stringent measures adopted by the government, seem to have confined the late violent outbreak to the limited district where it first appeared. The American ministers to Austria and to Russia report that the disease has manifested such an extremely virulent and contagious character that great alarm exists in the whole of eastern Europe, and urge upon the government the necessity of taking measures to prevent the possibility of the introduction of the disease into the United States. The measures already taken by this government for preventing the importation of goods from the infected districts, except under proper precautions, are, for the present, considered sufficient for this purpose, especially if the ports of entry are kept free from the unsanitary conditions that favor the spread of epidemic disease.

JNO. M. WOODWORTH,
Surgeon General U. S. Marine Hospital Service.

THE CALHOUN COUNTY MEDICAL ASSOCIATION. — This association met Tuesday, March 4th, at Albion. The meeting was largely attended and was a model of its kind, professionally and socially.

At the evening session the association was addressed by Dr. Eugene Smith, of Detroit, on "Some Defects of Vision remediable by Optical Appliances," illustrated with charts. The association showed its appreciation of Dr. Smith by a vote of thanks, and later by electing him an honorary member with all the privileges of active membership. The president, J. P. Stoddard, M. D., of Albion, occupied the chair.

MICROSCOPY AND MARRIAGE.—The *Cincinnati Lancet and Clinic* gives the following to illustrate the ludicrous extremes to which a person may be carried by the enthusiastic pursuit of a special line of study, and is strikingly illustrated by the following paragraph from a really valuable communication to the *Archives of Medicine* by C. Heitzman, M. D., on "The Aid which Medical Diagnosis Receives from Recent Discoveries in Microscopy:"

"In fact, the microscope reveals so much of the general health of a person that more can be told by it in many instances than by the naked eye or by physical examination. * * Marriages should be allowed in doubtful cases only upon the permit of a reliable microscopist. Last season a young physician asked me whether I believed in marriage among kindred. He fell in love with his cousin, and so did the cousin with him. I examined his blood and told him that he was a 'nervous' man, passed sleepless nights and had a moderately good constitution. The same condition being suspected in the lady, marriage was not advisable for fear that the offspring might degenerate. So great was his faith in my assertions, that he gave up the idea of marrying his cousin, offering her the last chance, viz., examination of her blood. This beautiful girl came to my laboratory, and, very much to my surprise, I found upon examination of her blood a first-class constitution. The next day I told the gentleman, 'You had better marry her.'"

NITRO-GLYCERINE IN MEDICINE.—Strychnine, arsenic, prussic acid and all other deadly drugs heretofore let loose against disease will pale before a combination which a Dr. Murrill has been extolling in late numbers of the *Lancet*. He has found a solution of nitro-glycerine in alcohol (forty-rod) to be of service in angina pectoris. He gives one drop of a one per cent. solution, although a man took fifteen drops without injury. This is rather a homœopathic quantity, but it is sufficient to cause severe headache and a tight, choking sensation. Women are said to be more susceptible than men, as they also are to the solvent in which the explosive is administered. We should think that the acme has now been reached—at least it will "hardly ever" be possible to beat nitro-glycerine.

DETROIT MEDICAL COLLEGE.—The eleventh annual commencement exercises of the Detroit Medical College were held at the Detroit Opera House on the evening of the 4th inst. The affair was fully up to the standard of excellence of music, oratory, etc., which have established these occasions among the leading social events. The large auditorium was filled from parquette to the "gods' gallery" with the *elite* of the city. The degree of M. D. was conferred on twenty-nine graduates by President of the Faculty, Dr. E. W. Jenks. Dr. Jerome, of Saginaw, being over forty years of age, received the honorary degree of the college. Colonel O. T. Beard gave an address of unusual interest, and the Hon. Levi Bishop delivered himself of a poem adapted to the occasion and remarkable for its length. Speil's orchestra furnished the music. The affairs of the college were reported to be in a very prosperous condition.

At the close of the exercises the Faculty gave a reception at the residence of Prof. Jenks. The profession of the city were out in force, and many were present from the interior of the State. This part of the evening's entertainment was of peculiar interest and pleasure. The caterer's duties were admirably performed, and medical gentlemen gave satisfactory evidence of their ability to place edibles and potables in abundance where they do the most good.

FATAL TERMINATION OF A CASE OF CARCINOMA OF THE RECTUM.—Dr. Lyster reports that the patient upon whom the operation for extirpation of the rectum, for epithelial carcinoma, was made November 11, 1878—a report of which was published in the NEWS of January 10, 1879, died from carcinoma of the stomach February 5, 1879. Symptoms of carcinoma of the stomach were observed only four days previous to his death. From that time the emesis of anything taken into stomach was constant. The material vomited presented the characteristic appearance to the eye and to microscopic investigation. The rectum, washed out by enemata of warm water, was free from any indications disease.

National Board of Health.—The *American Medical Bi-Weekly* editorially criticises the proposed act authorizing a National Board of Health. While strongly advocating a national board, it thinks quite as good material might be obtained from private practitioners as from the corps officers. If such officers should be appointed, they will have to leave their present duties, if they have any, to others; and hence an appointment from civic life would leave them in their present important vocations. If these officers have time to spare to attend to such important work the service might be pruned a little in the interest of the tax-payers.

Grand Rapids Medical Society.—The annual meeting of this society was held in Dr. Shepard's office on Tuesday evening, March 4th. Dr. C. J. Woolway, secretary, presented his annual report, giving a synopsis of the society's proceedings, etc. Dr. A. Platt, treasurer, made his annual report, showing the society to be in good condition financially. The following were elected officers for the ensuing year: President, S. R. Wooster; Vice President, A. Hazlewood; Corresponding Secretary, Eugene Boise; Recording Secretary, C. J. Woolway; Treasurer, A. Platt. A pleasing feature of the evening's programme was a paper by Dr. A. Platt on "Reminiscences of the Medical Profession of this City for the Past Forty Years." As the paper is of much general interest, the society by vote directed its publication in the city papers.

Representatives to American Medical Association.—By resolution of the State Medical Society, the president, secretary and executive committee are authorized to appoint the delegates to the American Medical Association, which will assemble at Atlanta, Ga., next May. Members desiring to be candidates for the same will please send their request to the secretary, Dr. Ranney, of Lansing, in order that those who will attend may be selected.

Paragraphs.

Because bees are a sort of a waxy nation, it does not necessarily follow that honey is a prophylactic of small-pox.

At a late scholarship examination at Rangoon, a candidate replied to the question, "What is liberty of the subject?" "To be able to eat as much as you like of a good dinner." At a former examination, a lad defined the chief feeders of the Irrawaddy as tigers, elephants and alligators.

The number of students of medicine in Austria has diminished greatly of late. In 1870 there were 1271 in Vienna, 418 in Prague, 257 in Grätz and 80 in Innsbruck—altogether, 2026. In 1877, Vienna had but 712, Prague 238, Grätz 188 and Innsbruck 45—altogether, 1033. The whole number in 1877 was not equal to that in attendance at Vienna alone in 1870. The decrease has been progressive from year to year.

According to the *Chemiker Zeitung*, articles of steel which have become rusty may be cleansed by brushing with a paste made up of 30 parts of cyanide of potassium, 30 parts of curd soap, 60 parts of precipitated chalk and a sufficiency of water. Great care is required in preparing and using this poisonous mixture.

In Russian-Poland there lives a Jewish widow one hundred years old. Her daughter, with whom she lives, is eighty-four, and is the great-great-great-grandmother of a girl of thirteen. The widow is still hale, hearty and *compos mentos*, and is about to be married to a youth of eighty-eight summers, who is also an Israelite.

For first-class burlesque on art refer us to the portraits of distinguished members of the profession with which *New Remedies* embellishes (?) its pages. They might be tolerated in cases in which the original is dead; but a regard for the feelings of the living should keep the enterprising journal from illustrating contemporaries.

A popular New York doctor, while escorting a lady home, the other evening, sought to relieve her cough and sore throat by giving her a troche, which he told her to hold in her mouth until it dissolved. The next day he received a note from the lady, with a trousers button enclosed, and stating that he must have given her the wrong kind of a troche, and that he might need this one.

The following is a verbatim, et literatim, et punctatim copy of a certificate given by an M. D. of this city:

"It is to certify that N. N. is sick since — — — (26 of Novr. 1878) suffering with hydropericardium, a sequence of a chronic disease of his bladder and kidneys nephritis chronica and catharrhus and partial parlysis vesicœ."

The following is a specimen stanza from "A Short Cut to the Tinctures of the British Pharmacopœia," a little work recently published in England:

"Six ingredients, you must know,
Make the Tinct. Cinchonæ Co.:
Serpentary, bark, and peel,
Spirit, saffron, cochineal."

Quarantine and Prayer.—(*Punch*):

Look round about your city!
Miserable sinners!
Arouse to shame and pity!
Use brush and lime-wash pail;
Feed those for want who fail;
Bow down to ask for grace
With cleaner hands and face,
Miserable sinners!

Original Articles.

Treatment of Ophthalmia Neonatorum.

BY EUGENE SMITH, M. D.,

Opthalmic Surgeon to St. Mary's Hospital, Surgeon in charge of St. Mary's Free Eye and Ear Infirmary.

The characteristic appearances of the disease known as *ophthalmia neonatorum* are so well marked as to be easily recognized, even by one who had never before seen a case; consequently, it is unnecessary to take up the valuable space of the NEWS in describing the symptoms. It is a surprising fact, however, that as well known as is the affection, a large majority of physicians are unprepared to treat it properly, and as a result eyes are *too frequently* lost and, I am free to remark, *inexcusably* so.

The course which I usually follow is, to cauterize the conjunctiva once or twice a day, according to the severity of the case, with the mitigated stick of silver which is composed of ¼ argenti nitras and ¾ potassii nitras, washing off the excess with a solution of sodii chloridum (common salt). Before applying the silver it is essential to evert the lid and with a soft rag and warm water to gently wash off the secretion. Eversion of the lid is usually not a difficult matter, and is most easily effected in these cases by placing the thumb—the child's head resting on a towel between the surgeon's knees—at the outer canthus in such a way as to draw the upper lid tense, drawing towards the temple at the same time with the index finger of the other hand, and gently drawing the upper lid upwards. In a majority of cases the crying of the child facilitates the eversion. I believe authors speak of the eversion in some cases being difficult to overcome, the lid remaining everted. I have never found a case which a little gentle persuasion (with the fingers) would not replace. If it be found impossible, on account of the swelling, to evert the lids, it were better to wash out the conjunctival sac with a syringe used in the gentlest possible manner, insinuating the nozzle between the lids at the outer canthus and gently forcing the tepid water in such a way as to most thoroughly cleanse the sac. After cleansing with the syringe, a 4 gr. to 10 grs. ad ℥j solution of argent nitras may be used with the syringe in the same way twice a day. Solutions of silver in these strengths need no neutralizing. A very important point in the treatment is the prevention of pus accumulating, and its retention in the conjunctival sac by the agglutination of the edges of the lids; this is best prevented by frequently wiping away the discharge from the edges of the lids and keeping them freely annointed with soft cerate—I like best the unguentum petrolei (cosmoline). In many cases where I use the mitigated stick of silver once a day I have the nurse drop into the eyes a v to x grain ad ℥j solution of cupri sulph. once or twice besides. As the disease improves, I lessen the the strength of the applications, also their frequency.

95 Fort street west.

[We have had occasion lately to observe the happy results of the plan of treatment advocated by Dr. Smith. The general practitioner may be inclined to regard it as rather heroic, but a single trial of it will be sufficient to remove any fear.—ED.]

Bromhydric Acid.

BY DEWITT C. WADE, M. D., HOLLY, MICH.

[Owing to the small amount of literature on this important agent, we have acceded to a special request to publish the article with which Dr. Wade favored us when we were conducting the late *Peninsular Journal of Medicine*—the first article by the way ever written on the subject.]

It is still a very open question, how, and in what form, medicines enter the circulation, and one, I believe, in which scientific investigation has not kept pace with the other departments of study. I have no doubt that the time will come when physicians will prescribe only such circulatory medicines as those that are already prepared to do their work. Do we not suppose when we prescribe an easily decomposed salt, that we obtain the desired effect only after the decomposition takes place? Let us examine a little the chlorides, sulphides, iodides and bromides. We do not give chloride of sodium for the purpose of introducing chlorine into the circulation. Why? Because chloride of sodium is not decomposed by the acids of the stomach, and consequently it retains all the characteristics of chloride of sodium, and is excreted as such. The result is different with the sulphides, iodides and bromides. The acids of the stomach do decompose them, and set at liberty halogens sulphur, iodine and bromine. Now, what is the result of this decomposition? It is this: When a sufficiently powerful acid is used to decompose either of these salts in the presence of water, and without the presence of metallic oxide, the result will be the formation of chlorhydric, sulphydric, iodhydric or bromhydric acid. The following familiar formulæ will illustrate this chemics'

action: Fe S+S O+H O=Fe O S O_3+H S+H O, that is, sulphydric acid will result. Sulphide of iron is insoluble without decomposition, and cannot as such enter the circulation. If administered as a medicine, the acids of the stomach would decompose it; the freed sulphur would unite with the hydrogen and form sulphydric acid, which is soluble in water, and would be thus absorbed. The water of all sulphur springs holds in solution this acid. Iodide of potassium is soluble in water, and may be introduced into the circulation, undecomposed, by other avenues than by the stomach, or by first neutralizing the acids of the stomach. But iodide of potassium is not given for the purpose of obtaining an effect as such; it is given to introduce iodine into the system. If iodide of potassium were as stable a salt as chloride of sodium, it would rarely be prescribed, and never, intelligently, for the purpose of realizing the specific effects of iodine. Perhaps the difference of action of sulphate of magnesia and sulphuric acid will fully illustrate the result of administering a salt that cannot be decomposed in the system. But as long as iodide of potassium is decomposed and the iodine liberated, why not continue to give it? Because it is unscientific to make unnecessary use of the stomach as a chemical laboratory, when we know that its operations are variable, especially during sickness; because we never know how much of the halogen is liberated, and as a consequence we will either have an excess of it, or of the salt; because if we have any way to know how much of the halogen will be necessary to affect our patient as we desire, it is unscientific to give more or less, at least we consider it so with most drugs; because if the salt is absorbed and eliminated without decomposition, as may occur in some conditions, the result will be a disappointment that will be very mysterious to many prescribers. For these reasons I propose to prescribe the halogens in the form in which I believe they are taken up.

I will now give the result of my experience with bromhydric acid. I commenced its use September 10, 1874, and by reference to files, it appears in sixty of my prescriptions. According to my observations, it fully represents the action of bromine in the system, and I prescribe it instead of the bromides. Its effect to modify the cerebral action of quinia and morphia is the same as that of bromide of potassium. To illustrate, I will relate a conversation. The patient had taken bromhydric acid and quinia:

Patient—Doctor, you didn't give me any quinine, did you?

Doctor—No. (?)

Patient—Well, I know you didn't, because I never could take it without it making me perfectly crazy.

Effects may be expected from the acid that are not obtained with the bromides. For instance, it appears to affect the stomach similarly to the other mineral acids—increasing the appetite, aiding digestion, and acting as a general tonic—therefore, having a wide range of applicability. Bromine is known to be a powerful antiseptic, and its hydrogen acid, combined with quinia, cannot be too much extolled in septicæmia. The acid is a grateful refrigerant and sedative, administered with syrup in fevers, with which, among other combinations, may be made the bibromide of mercury as an alterative. In fact, the acid alone is a powerful alterative. It will be seen that bromhydric acid, with these therapeutic properties, ought to establish for itself a position in the materia medica that will entitle it to recognition by the whole profession; yet, to-day, it has never been used, to my knowledge, by any physician but myself.

The chemist prepares the acid by decomposition and distillation, which, taking into account the expense, and its liability to spoil by long keeping, would render the presence of a good article in every druggist's prescription case impracticable. I have therefore devised the following formula for its preparation: One equivalent of bromide of potassium, two equivalents of tartaric acid, and only sufficient water to dissolve each. Mix the solutions and let it stand in ice water twelve hours; decant and add water to make a fluid ounce for each eighty grains of bromine. This is the reaction: K Br+$_2$T+H O=K_2T+H Br+H O. The bitartrate of potassium (cream of tartar) that is precipitated is slightly soluble, but is not an impurity that in any way affects its therapeutic properties. Thus prepared, bromhydric acid represents ten grains of bromine to each fluid drachm, is of a pale straw color, intensely acid, but not caustic, resembling, in this respect, the other dilute mineral acids, dissolves the salts of the alkaloids readily, and may be administered in a great variety of combinations. Medium dose, half a drachm, well diluted.

A Case of Apparent Cerebral Abscess from Overwork—Possibly from Previous Injury.

BY WM. PARMENTER, M. D.

Mr. H., a real estate attorney of Charlotte, Mich., was struck upon the head very forcibly with a cane sometime in the fall of 1874, which produced a scalp-wound and symptoms of cerebral concussion, (not marked) from which he recovered in a day or two and resumed his business as usual.

He was a remarkably hard student in his profession, which he had entered but a few years previous to the assault mentioned, and both previous and subsequent to this injury was subject to feelings of mental exhaustion which a few days rest would usually dissipate. This however became so serious a matter that he improved various opportunities to consult me and other physicians in regard to it, and received the uniform prescription—"rest."

About the middle of October, 1878, he began to notice a tendency to trip with his *right* foot, which difficulty steadily increased until in November he

would no longer go alone and unsupported to his office. Now he began to experience flashes of light in his *left* eye. A feeling of impending danger caused him to secure the services of a trusted attorney to attend to his estate in case of insanity or death; and lastly I was called to render medical aid.

I saw him first on Nov. 22d, 1878. Ophthalmoscopic examination revealed an anæmic condition of the retinal vessels, especially of left eye. No other objective symptoms except those above described. He walked with me more than half a mile without apparent fatigue.

On the night of the 28d he was taken with violent headache, was a little delirious at first and experienced great muscular prostration nearly amounting to paraplegia. There was for two or three days great difficulty in micturition, yet the catheter was not required; bowels constipated, appetite poor, temperature and pulse normal, countenance waxen, conjunctiva clear, pupils normal.

From this condition, gradual but marked improvement took place, for about ten days; *every symptom* undergoing a change for the better. Then without any apparent cause the violent headache returned, constipation was more marked and a commencing paralysis of the left arm began to be apparent. This gradually extended to all the muscles of that side below the face, accompanied with a steadily increasing hyperæsthesia of the same side.

During the latter part of Dec and the entire month of Jan., there occurred, with a sort of regular periodicity, first great thirst and loss of appetite for two or three days, then vomiting of dark green mucus for an equal number of days, then a subsidence of these symptoms and a return of appetite. This cycle of symptoms continued till his death. The most continuous and persistent symptom was headache. There was but little wandering of the mind at any time, the bladder regained its tone, and the bowels were never tractable in the later stages of his disease. He died on the 31st of January from exhaustion. Autopsy denied.

The diagnosis made at my first visit was "cerebral softening," which was hesitatingly assented to by a consulting physician on my second visit, and nearly abandoned by us both at the end of ten days, on account of his apparent recovery; but was finally confirmed by the later course and fatal termination of the case.

Notice—That a commencing paralysis of his *right* lower limb while the patient was still about his business, accompanied with flashes of light in the *left* eye, failed to increase in severity after his prostration; and the opposite upper extremity first, and then the lower, and finally the entire left side below the face, became completely paralyzed, with a marked hyperæsthesia of the same parts.

I must regret that the light which a careful autopsy might have shed upon the causation and chronology of the symptoms detailed was denied.

VERMONTVILLE, MICH., March 8, 1879.

Selections.

THE SOURCE OF THE DIPHTHERITIC POISON.—The wide-spread prevalence of a malignant form of diphtheria in many localities this winter has led to renewed studies of the probable nature and exciting causes of this much dreaded disease. Although the contributions to these points have been so numerous that the bibliography of the works and articles on diphtheria printed within the last twenty years would of itself make a respectable volume, it is not too much to say that the opinions of medical men are yet very divergent on almost every subject connected with the malady.

In the first place, the diagnosis of the disease often presents insuperable obstacles. This is partly owing to disagreements in the leading text books as to what constitutes diphtheria. It is generally, though by no means universally, admitted that it is a distinct disease from membranous sore throat, or membranous croup.

Sir John Rose Cormack suggests a very small blister on the arm or elsewhere, as a sure test for distinguishing diphtheria from what he calls "simple membranous sore throat." If the case be diphtheria, the blistered surface will become covered with a diphtheritic pellicle; if it be not diphtheria, no false membrane will appear. The public are too prone to speak of every throat affection by the name of diphtheria; and many practitioners have a habit of falling in with this popular diagnosis, or even of setting the example for it.

As to the nature of the contagion which excites the disease, the sewerage or animal ferment theory seems in the ascendent at present. Yet it is true that diphtheria has been prevalent and fatal in the notably healthy and well drained mountain slopes of East Tennessee, miles from any town; it has attacked boarding schools under the constant supervision of intelligent medical attendants; it has destroyed the children of families who prided themselves on the knowledge and observance of sanitary rules.

It has been suggested, and the idea seems to us an important one, that the probable origin of this disease is a primary one, of different form in the lower animals, which, being transmitted to man, takes on the form of diphtheritic exudation. The vehicle of contagion may be milk; and in one outbreak recently studied by the English Health Officers, there can be no doubt but that such was the source of the epidemic.

No suggestion has been made as to what the primary disease may be. What is known as the "foot and mouth disease" of cows is undoubtedly easily transmissible to the human subject; but its symptoms are well known. We would suggest that in local outbreaks of diphtheria, especially in country districts, where the epidemic is better defined, physicians should inquire carefully, not only into the

supply, the source of the water used, and the drainage, but also into the health of the various domestic animals which are kept by the families whose members are attacked.

Another view is one not long since quoted in this journal, which attributes the disease to the consumption of starchy food, in the form of the common white potato.

We believe we are correct in saying that diphtheria has been known to occur as an epidemic in that class of the population of the Gulf States who hardly know what a white potato is, and whose diet is almost exclusively corn, bacon, and sweet potatoes. On this point, if we are in error, there are many readers who can readily correct us.

The efforts to isolate the contagium vivum of diphtheria have not been attended with success. Experiments to propagate it have, so far as we have noted the reports of investigators, proved futile.

It is a disease only moderately contagious under ordinary circumstances; and the curious spectacle which it occasionally presents, of springing up suddenly in a locality, becoming epidemic, and raging for a time with the utmost virulence; and at another time of clinging with tenacity to a particular house or limited district, even to a particular room, attacking every person who inhabits it, and never spreading beyond, are strange and yet well authenticated examples of the unusual nature of the poison we have to deal with.—*Med. and Surg Reporter.*

THE HOT BATH AS A RESTORATIVE.—There is one remedy whose employment in medicine is almost as old as is the human race, but which yet seems to us to have an important use not generally practiced. We refer to the hot bath. As sudorifics hot baths are generally in vogue, but their employment as restoratives is not so universally recognized.

The phenomena of death from cold show that a lack of caloric in the body is no less paralyzant of animal functions than is an excess of the same force. Evidently the organism was constructed to run upon a certain plane of heat, and can not vary from this without serious results. By numerous experiments upon animals, in the laboratory of Prof. Wood, in the University of Pennsylvania, it has been proven that in a cool apartment death rapidly results after section of the spinal cord, from falling of the bodily temperature, the animal which in a warm room will live indefinitely, dying very shortly in a temperature of 50° Fahr. The cause of the inability of the animal to resist external cold after section of the cord is undoubtedly vaso-motor paralysis. Normally, the temperature of the interior of the body is maintained by keeping an outer layer of partially-cooled tissue between the internal organs and tissues and the outer air. When, however, the power of contracting the superficial vessels has been lost, the organism can no longer maintain this protecting layer, the surface-temperature rises, heat is rapidly lost, and soon the whole body becomes uniformly cooled.

Vaso-motor paralysis is produced by toxic doses of various remedies, and under these circumstances artificial maintenance of the bodily temperature is imperative, forming a most important portion of the treatment of all such *poisoning*. *Collapse* from any cause is largely dependent upon, or, more correctly speaking, largely is, vaso-motor palsy; hence, in almost all forms of collapse the use of external heat is of great importance.

Dr. Charles Hunter, of this city, has very successfully applied this treatment to that form of collapse which follows injuries and surgical operations and is known by surgeons as *shock*. The lack of power of alcoholic and other ordinary stimulants in this condition is proverbial. The pathological state is undoubtedly vaso-motor palsy, the bodily temperature is much below normal, and the rational treatment consists in the hypodermic use of atropia and digitalis and the external employment of the hot bath. This plan of treatment will probably be found to be a very important addition to surgical therapeutics. In the first days of post-fetal life the power of resisting external cold is very slight, and in many cases of still-born children, or of children whose vital powers are almost extinguished at birth, life may be saved by a high external temperature, the little waif being kept in an air of 90° to 100° Fahr., and from the influence of cold walls which shall draw off, as it were, the little store of heat provided by nature; for there is no doubt that radiation is greatly affected by the temperature of surrounding objects. . . . . .

In regard to the methods of applying heat it must, in the first place, be understood that wrapping in blankets, etc., are only useful as a means of preventing cooling of the body; that when the animal temperature has already fallen they will not suffice at all. The same may be said of air heated to temperatures which can be readily obtained or can be borne by the attendants. Radiated heat is somewhat better, and often the use of a brisk open fire is of service. The *hot bath* is, however, the only pyretic remedy which can be relied on, when a Turkish bath is not at hand. It should always be a full bath, in as warm a room as can be procured, and should be at a temperature of about 103° Fahr., when the patient is put into it. The duration of the bath must vary with the circumstances of the case. Frequently, ten minutes will be long enough, but if the mouth temperature does not rise to normal, a much longer tarriance may be advised. During the bath the heat of the water should steadily be increased as fast as it can be borne, if the patient be conscious. It will be found that 110° is about the limit of endurance for most persons; and in unconscious subjects this limit should not be passed.—*Phila. Medical Times.*

HERPES ZOSTER.—In this man we have a beautiful example of the disease known as *herpes zoster*, zona, or shingles. It is, as you perceive, an acute inflammatory affection located on one side of the trunk, reaching from the median line in front to the median line behind, and occupies the space from the fourth or fifth to about the eighth rib; the eruption, you see, is composed of very flat vesicles, in groups, some few groups of papules, and considerable erythematous redness. It is exceedingly rare for this disorder to extend beyond the median line, either in front or in the back; but here you will notice that it does slightly exceed this limit. You know that there is a popular saying that if the shingles extend entirely around the body the patient will certainly die; this is founded, in part, upon the fact that it never does thus embrace the trunk, from the very nature of the affection, as I shall mention later. It can only encompass the body by the simultaneous development of two distinct zosters, one on each side, at the same height; this I have never seen, though I have repeatedly seen two separate eruptions of this kind on different parts at the same time; and cases are on record where the disease has encircled the body, and that too with safety to the patient. It is interesting to observe how exactly the lesion follows the course of the intercostal nerves; and this is not difficult to understand when we reflect that the disease is due to an inflammation of the ganglia upon the posterior roots of the spinal nerves of the region affected, as has been conclusively demonstrated by a number of post-mortem investigations.

It is probable that herpes zoster is to be attributed in a considerable number of instances, to nerve injury; as, for example, it has been recorded as occurring as the result of Pott's disease, also from cancerous trouble in the vertebræ. Sometimes the injury to the nerves is due to violence, and it has been thought that in the present case this might be the origin of the difficulty, since, some time ago, the man received a blow (on the opposite side, however) which has resulted in atrophy of the muscles about the scapula. I should not be inclined to suppose that this had anything to do with the herpes zoster now present; for such attacks as these are sufficiently common (especially in the spring and autumn), and generally seem to occur without any very definite cause, as far as we are able to judge.

In regard to the treatment of such a case as this, there is danger, both of doing too much and too little. This acutely inflamed, terribly sensitive tract of skin should be protected and soothed, but let me caution you never to apply a poultice to these cases, or an ugly, sloughing surface may result. Nor is this eruption well treated by ointments, for grease generally seems to disagree. The plan I almost universally adopt is the following: The whole of the inflamed surface is to be thoroughly dusted with finely powdered starch, and then a muslin band large enough to cover all the affected part is also to be covered with the starch powder and to be applied firmly around the chest, and sewed on, the object being to protect the surface by a covering, over which the clothes will slip, and what little friction takes place between the cloth and the skin is reduced to a minimum by the starch powder. This case requires no internal treatment; the disease as you know, is self-limited.—*Dr. L. Duncan Bulkley, in Med. and Surg. Reporter.*

GELSEMINUM FOR HECTIC.—Edgar Holden, M D., in the *Medical Record*, says: It is by no means a new or Hahnemannian doctrine that special symptoms may be treated without regard to the essence of the disease; for whatever books may have taught, teachers and pupils alike have been compelled to give heed at the bedside to devices and remedies for the arrest and control of one of the symptoms of consumption, viz., hectic, the harassing chill, the diurnal fever which exhaust the patient and try the courage of the physician.

The preparations of gelseminum have been steadily growing in favor for several years, and from an extended experience with them, partly upon theoretical and partly upon inferential grounds, I was led to try them in cases of hectic, which had resisted other well known remedies, until its preeminence has become so conclusive as to suggest its recommendation to the profession. Four years ago, in experimenting with it, and testing its action on the heart and pulse with the sphygmograph, I observed that the number of respirations was reduced before its toxic influence was manifested. Several deaths from over doses, recorded in the journals, showed an action upon the respiratory centres similar to that of curare or woorara. Practical experience, moreover, with it, in small doses, has long shown its influence upon the circulation and its sedative effect in certain neuralgias.

Finally, a writer in the *Lancet* for September of the current year collates the accounts of death from the drug in poisonous doses, and in the summing up shows that sedation and finally paralysis of the respiratory centres has been constantly present.

Now from these facts the inference has appeared a correct one that it should act favorably in the treatment of a respiratory affection characterized by irritation, and having its seat and origin in the pulmonary tissues.

In a very large number of cases it has not failed, and without giving them in detail it will probably suffice to say that I have in prescribing it, even after the failure of favorite and well known remedies. acquired confidence in it, and have found that in doses of two drops of fluid extr., or 10 to 12 of the tincture every two hours, it will, in most instances, within forty-eight hours arrest the chill, moderate the cough, and allay the fever. The period of administration, however, is not always so short. It may be used continuously, if necessary to

maintain sedation, and without interference with other medicines or effect upon digestion or the excretions. It should be added that exceptions are likely to occur in cases with mesenteric complication and colliquative diarrhœa, and while not contra-indicated, it may sometimes disappoint expectations.

MOUTH-TO MOUTH INSUFFLATION. — There still remains another—perhaps least often adopted—measure, yet possibly of equal importance with any mentioned, viz., mouth-to-mouth insufflation. This may be mediate or immediate. The first by the introduction of a flexible tube into the larynx, the second by applying the mouth to the mouth of the infant. In the reported proceedings of the N. Y. Obst. Soc., in the last number of this journal, Dr. Garrigues has recorded the case of an infant born in a state of profound asphyxia, and presenting but a few slow and feeble heart-beats, which was kept living seven hours by insufflation through a flexible catheter passed into the trachea, whilst the child was kept enveloped in hot cloths. "Two and a half hours elapsed before the child gave the first respiratory gasp." His commentary on this case was, *"that if only the heart beats, the life of the child may be saved, even if spontaneous respiration does not occur for hours."* Insufflation may readily be accomplished, as suggested by Dr. Jewett, "through the intervention of a coarse towel; passage of air into the stomach being prevented either by pressure upon the epigastrium or by gently forcing the larynx back against the œsophagus." This plan was resorted to in only eight of the tabulated cases, but furnished gratifying results in all. In one case—number twenty—when it had been omitted, and the child died on the seventh day of atelectasis, the operator advanced the criticism that, "had mouth-to-mouth inflation of the lungs been substituted for artificial respiration, possibly the child might have been saved." M. Depaul recommends that from ten to twelve insufflations should be made in a minute. It is not impossible that, after the removal of mucus from the fauces, this measure may prove a most valuable adjunct to artificial respiration, by fully distending all the pulmonary tubes, and freely opening the way for admittance of air to all the vesicles by artificial respiration.—*Amer. Jour. of Obstetrics.*

MEDICINAL EFFECTS OF ONIONS. — A mother writes to an English agricultural journal as follows: "Twice a week—and it was generally when we had cold meat minced—I gave the children a dinner which was hailed with delight and looked forward to. This was a dish of boiled onions. The little things knew not that they were taking the best of medicine for expelling what most children suffer from—worms. Mine were kept free by this remedy alone. It was a medical man who taught me to eat boiled onions as a specific for a cold in the chest. He did not know at the time, till I told him, that they were good for anything else." The editor of the journal adds: "A case is now under our own observation in which a rheumatic patient, an extreme sufferer, finds great relief from eating onions freely, either cooked or raw. He asserts that it is by no means a fancy, and he says so after having persistently tried Turkish baths, galvanism and nearly all the potions and plasters that are advertised as certain alleviatives or cures."

Dr. G. W. Balfour, in the *Edinburgh Medical Journal*, records three cases in which much benefit was afforded patients by the eating of raw onions in large quantities. They acted as a diuretic in each instance. Case first was a woman who had suffered from a large white kidney and constriction of the mitral valve of the heart. Her abdomen and leg had been tapped several times, but after using onion as above she had been free from dropsy for two years, athough still suffering from albuminuria. Case second suffered from heart disease, cirrhotic liver and dropsy. Case third had dropsy depending on tumor of the liver. In both of them the remedy had been used with good results. Both had been previously tapped, purgatives and diuretics alike having failed to give relief. All other treatment having failed, recourse was had to onions. Under their use the amount passed steadily rose from 10 or 15 ounces to 78 or 100.—*Boston Journal of Chemistry.*

HOW TO COUGH.—To some persons, coughing is harmless, but to others it is fraught with many dangers. It is, therefore, important to teach those liable to be injured by too severe or prolonged efforts at coughing how they may accomplish their purpose easily, safely and quickly. Dr. J. M. Fothergill (*Phil. Med. Times*) says; "It must be insisted upon that the chest be well filled with air before the cough is let loose; that is, the reflex act must be inhibited by the exercise of the will, until the chest be well filled with air before the cough is let loose. Such full inspiration is effective not only in removing the source of the irritation, but it usually causes other masses of mucus and charcoal to slide from their seat, and thus to set up further cough for their removal. But, if the full inspiration plan be followed, these masses are readily and quickly expelled." Of course these directions are of use only in such coughs as are for the purpose of removing some offending matter from the air passage.

CARBOLIC ACID INHALATION.—The inhalation of carbolic acid spray (two per cent. solution) in phthisis has been tried in the Mount Sinai Hospital, New York. The first case had fetid expectoration, with an average temperature of 102¼°. The first effect of the inhalation was to increase to a marked extent the sputa, but at the same time to check the fetor. The most important effect of the inhalations was to decrease the temperature from 102¼° to 101°, 100½°

and 99°. In some of the cases, carbolic acid acted as an irritant, giving rise to considerable spasmodic effects, and in these cases salicylic acid was substituted. The latter agent did not produce such a decided effect on the temperature. but its action on the fetor was equally marked.

ANTISEPTIC TREATMENT OF EMPYEMA IN CHILDREN.—Dr. Göschel relates in the *Berliner Klinische Wochenschrift*, for December 23, four cases of empyema in children aged respectively 1, 3½, 3½ and 4 years, in which he treated empyema by making incisions 3 *centimètres* (1.2 inches) long in an intercostal space (generally the sixth), under the carbolic acid spray, allowing the pus to escape, and then introducing drainage tubes and applying Lister's antiseptic dressing. Chloroform was given to all except the youngest child. Dr. Göschel sums up as follows: 1. In slight cases of empyema in children, incision under Lister's antiseptic precautions is quite as quickly performed and as free from danger as paracentesis, while it is also less productive of trouble and more likely to lead to recovery. 2. In advanced cases, incision alone is indicated; and performed under Lister's method, it is free from danger and from all trouble to the children. As washing out the pleural cavity with disinfectant solutions is unnecessary, there is no danger of poisoning with carbolic acid. 3. Fever is more surely avoided by employing Lister's method in the after-treatment than by the open dressing with washing out of the pleura. The general condition improves rapidly. 4. When washing out of the cavity is avoided, the secretion diminishes more rapidly. 5. The introduction of ordinary drainage tubes is sufficient; metallic canulæ and resections of portions of the ribs are surperfluous.—*Brit. Med. Journal.*

WINTER COUGH RAPIDLY CURED BY ATOMIZED CHLORAL HYDRATE.—The form of chronic bronchitis in elderly persons, known as "winter cough," is a source of so much discomfort to the sufferers and those around them, and is so frequently the precursor of serious complications, that an additional remedy of apparent promise is worthy of being made known.

A lady of about fifty years of age, who has been troubled with a chronic cough for three or four winters past, upon returning from the seaside in September was attacked with subacute bronchitis complicated with gastric disorder. This soon yielded to treatment, but left a rasping cough, which destroyed her rest at night and seemed likely to continue throughout the approaching winter. After administering various remedies, in atomized form and otherwise, for several weeks, it occurred to me to try a spray of chloral hydrate. A solution of ten grains in an ounce of water was inhaled through a steam atomizer each morning and evening. Improvement was soon observed, and after two weeks' use of the remedy the cough *entirely* disappeared, and has not returned. The inhalation was continued, at increasing intervals, for a few days longer as a measure of precaution.

In a second case its employment was attended with a like successful result.

I do not remember to have seen chloral hydrate in the atomized form recommended in chronic bronchitis, and therefore suggest it as meriting further trial.—Dr. Robert Fletcher, in *Phila. Med. Times.*

SYNOPSIS OF 173 CASES OF CARCINOMA MAMMÆ.—One hundred and seventy-three cases of cancer of the breast—170 of women and 3 of men—were treated at Prof. Billroth's clinics from 1868 to 1875.

Of the 170 cases of women, 27 were regarded as hopeless and therefore no operation. Of these 18 died, 2 are living with carcinoma, and 7 have made no report. Of the 143 who submitted to an operation, 34 died in consequence of the operation, 55 died with recurrence, 35 are living with recurrence, and 19 got well or died of other diseases.

AGES OF THE 170 WOMEN.

Between 20 and 25 years	1
" 26 " 30 "	7
" 31 " 35 "	10
" 36 " 40 "	20
" 41 " 45 "	34
" 46 " 50 "	29
" 51 " 55 "	24
" 56 " 60 "	15
" 61 " 65 "	15
" 66 " 70 "	3
" 71 " 75 "	0
" 76 " 80 "	2
Age not known	10
	170

Or, in other words—	
Conceptive period, 20 to 45	72
Climacteric period, 46 to 55	53
Generation extinct, 56	35
Not known	10
	170

Hereditability—Of the 170, the mothers of six were known to have died of cancer, five others it was suspected the parents died of carcinoma, and four others whose brothers or sisters suffered from the disease; *i. e.* 15, or 1 to 11⅓, had or are supposed to have had hereditary taint. Of the 170 cases, ten were scirrhus, but the majority were medullary.—*Proceedings of the Med. Society of the Co. of Kings.*

EUCALYPTUS IN MALARIAL DISORDERS.—Dr. Dow, of London, contributes the following experience with this remedy: My patient was a gentleman who had lived many years in India and China, and during his residence abroad had had seven attacks of ague. Recently he experienced a return of his old symptoms, and took quinine, as he had been accustomed to, to check the illness. However, on this occasion it failed to produce the usual effect, so I recommended him to try the eucalyptus. The effect was at once marked, and speedily all his intermittent symptoms left him. The remedy is pleasant to take, and the dose I have prescribed is ten minims of the tincture.—*London Lancet.*

WARM FOMENTATIONS TO THE HEAD IN CASES OF UTERINE HEMORRHAGE.—Dr. Koehler (*Allg. Med. Central-Zeitung*, No. 1, 1879,) states that he has for the last seven years, in cases of uterine hemorrhage, applied warm fomentations to the head to prevent anæmia of the brain, and also to the heart. Hot sand-bags are also very efficient, and the patients often will bear sand which is so hot that it can scarcely be touched by the hand. As soon as the fomentation or bag has been applied, consciousness is restored; the pulse grows stronger; the patient herself states that she feels better, that the ringing in the ears has ceased, and that she likes the appliance. As soon as it becomes cooler, she wishes it to be renewed. Dr. Koehler has, he says, saved patients even in most dangerous cases of hemorrhage by this proceeding, by which the physician never loses time, as the fomentations may be watched and renewed by any one. This method has been found equally efficient in anæmia caused by epistaxis, hemorrhages produced by wounds, etc.

HEALTH RESORTS.—F. J. Bancroft, of Denver, (*American Med. Bi-Weekly*, Jan. 1879,) claims that consumption is more or less contagious, and hence places where phthisis was comparatively unknown, becoming a resort for such patients, the disease is communicated to the inhabitants and the sanitary condition of the place becomes poor indeed.

The disease may be communicated in various ways. The most obvious are the sputa, which being ejected freely may be carried by the wind and find lodgment in the lungs, and thus induce or intensify the disease; or the hotels or other places which have been long used by the sick and thus become thoroughly impregnated with the exhalations of consumptives, may furnish all the germs requisite to induce the disease in the well. Hence towns and hotels which have long been favorite resorts of consumptives should be avoided.

The places recommended are the small islands in mid-ocean, in the sparsely settled pine regions of the Southern States, and portions of the elevated plains and mountains west of the Mississippi. Where the air is so pure that fresh meat will dry without taint at any season of the year, a phthisical sufferer will improve or get well if the physical condition comes within the range of such possibilities

It is often better not to select too cold a climate as it might very materially interfere with exercise in the open air, and away from the contamination of civilized life.

A SURE AND RAPID CURE FOR HICCOUGH.—Under this title Dr. Grellet, of Vichy, states that he has never failed in immediately relieving simple hiccough, *i. e.* not dependent upon any appreciable morbid condition, by administering a lump of sugar imbibed with vinegar.—*Révue Méd.*

Formulary.

SALICYLIC ACID MIXTURE.—Naphey's *Medical Therapeutics* gives the following formulæ as a palatable method of administering salicylic acid :

℞. Acidi salicylici.	ʒ j.	(4	00)
Spts. ætheris nit.....	ʒ vj.	(25	00)
Sodii bicarbonatis.....	gr. l xxx	(5	00)
Spts. lavand. comp.....	ʒ ij.	(8	00)
Aquæ.....	ʒ ij.	(64	00)
Syr. aurant. cort...	gr. ad ʒ vj	(200	00)

Mix. Sig. a teaspoonful every three or four hours.

In preparing this prescription mix the acid and the spirits of ether in a bottle, then add the soda and afterwards the water, gradually until effervescence ceases, and then the lavender and the syrup.

INJECTION BROU.—

℞. Zinci sulph	grs. viij.	(	50)
Plumbi acet	grs. xvj.	(1	00)
Tr. catechu.....	♏ xxx.	(2	00)
Vini opii.....	♏ xxx.	(2	00)
Aquæ.....	ʒ iijss.	(112	00)

Mix.

FURNITURE POLISH.—

Alcohol.....	21 ounces.
Gum shellac.....	2 ounces.
Linseed oil.....	14 ounces.
Gum benzoin.....	2 ounces.
Oxalic acid	1 ounce.
White resin.....	2 ounces.

Dissolve the gums and acids in alcohol, let remain24 hours and then add the oil. This polish has been used in the writer's family for fully 50 years, in a damp climate, and has been found to keep furniture in better condition.—*Druggists' Circular.*

FRENCH COUGH SYRUP.—(*Syrupus Pectoralis Gallicus.*)

Sulphate of morphia.....	2 grains..
Hypophosphite of lime	1 drachm.
Bitter almond water	1 drachm.
Water	23 drachms.
Sugar.....	41 drachms.

Dissolve the hypophosphite in the water with the aid of heat, then add the sugar, and when the solution is cold the aromatic water and the morphia. The dose is a teaspoonful.—*Druggists' Circular.*

LIME JUICE CORDIAL.—The following is said to make a highly satisfactory preparation :

Glucose.....	4 ounces.
Syrup.....	16 ounces.
Lime juice	16 ounces.
Water.....	28 ounces.
Tinct. of lemon peel	
Orange flower water (triple)	ää qs to flavor.—

(*New Remedies.*)

RUSSIAN GARGLE.—

℞. Carbolic acid	
Tannin—of each	15 parts.
Alcohol.....	60 parts.
Distilled water.....	120 parts.

Mix. Add a teaspoonful to a half a glass of water and gargle.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, MARCH 25, 1879. No. 6

Editorial.

New Remedies and Journalism of California.

An article in the *Pacific Medical and Surgical Journal* for March compels us once more to refer to a subject which we had hoped we should not be obliged again to refer to, and one which those familiar with its history would have thought the *Pacific Medical and Surgical Journal* would wish to have stirred up as little as possible. Certainly, the more that journal refers to it, and the more frantic its efforts to explain, the more unenviable does it make its position in the eyes of the profession.

If the *Pacific Medical and Surgical Journal* has any distinctive features, those features are its intense quackophobia and its pretension to a high-toned and impersonal standard of journalism. It is scarcely possible to open its pages without hitting on an article or paragraph exhorting the faithful to greater zeal or breathing death to "irregulars." Its whole air and demeanor are calculated to impress one with the idea that nothing improper or undignified could have its countenance—the occidental champion of professional purity, *par excellence* the high-toned. With such assumptions, we were naturally not a little surprised on observing in its last October number that it had lent its pages to an ill-natured, if not a malicious, personal attack, by a relation of its editors—a Dr. W. P. Gibbons—on Dr. J. H. Bundy, a rival practitioner, and a gentleman whose name has been to a considerable extent identified with certain new California remedies lately introduced to the profession. Dr. Gibbons and Dr. Bundy are residents of neighboring villages, suburbs of San Francisco, and although doubtless some of that little personal feeling, which unfortunately is too common among country practitioners, was the indirect cause of the attack, the direct instigator of the screed was, confessedly, a member of a wholesale drug firm in Cincinnati, Lloyd by name. By some very ingenious manœuvering, Lloyd managed to convert Gibbons' attack on Bundy into an indirect assault on the integrity and honorable standing of Messrs. Parke, Davis & Co., manufacturing chemists of this city. In the interests of fair play we found it necessary to review Gibbons' paper, and succeeded, we flatter ourselves, in very effectually exposing the cloven foot which it endeavored to conceal under the specious claim that it was written in the interests of science. This *exposé* was followed by such a general condemnation, by the medical press of the country, of Lloyd & Gibbons' tactics, that the *Pacific Medical and Surgical Journal* found it necessary, in its January number, to make a practical retraction of the editorial comments with which it had sought to bolster up the relative's position. In its March number, the demand for the October number having exhausted the edition, it re-publishes the attack on Dr. Bundy and the new remedies, and in further editorial comments it makes another desperate effort to "explain." We have a few remarks to offer on these comments.

The *Journal* says that Dr. W. P. Gibbons' paper, "written and published altogether in the interests of science and truth, unexpectedly impinged on the heads and pockets of a Detroit drug firm engaged in the manufacture of 'new remedies.'" A more absurd assertion was never made. Did space permit we could offer no better refutation of the claims made for it than to publish the paper itself. The claim that a paper saturated with personalities, breathing with feelings akin to hate and confessedly directly instigated by a wholesale drug store, belonging to a trade whose "morals," the *Journal* informs us, "are not very scrupulous," is "written and published altogether in the interests of science and truth," is too absurd

to be seriously considered. The statement that it "impinged on the heads and pockets of the Detroit drug firm" is also very ridiculous. Indeed, it has been privately hinted that Gibbons, the correspondent, and the *Journal* itself, have been subsidized by the drug firm alluded to to make the attack, with a view to advertising the new remedies introduced by the latter. We have, however, never credited this, and our personal knowledge of the integrity and honor of the firm is sufficient to disarm any such suspicion. The fact, however, remains that so far from impinging on their "heads and pockets," nothing in the nature of an advertising dodge could have proven more effectual or less expensive.

Leaving the subject of new remedies for the nonce, the *Journal* takes occasion to give the MICHIGAN MEDICAL NEWS a dab. It says the NEWS is "mainly an advertising journal in the interests of the drug trade." We acknowledge the soft impeachment that the NEWS is an excellent advertising medium, but it is so purely and simply because of its standing with the profession and its large circulation—the latter being at least five times as large as that of the *Journal*. The fact that an advertisement appears in the NEWS is a guaranty that the article advertised is at least worthy of a trial, and that the firm advertising it is one which may be trusted. Can the *Pacific Medical and Surgical Journal* say this much? We notice in its advertising department advertisements which have been refused a place in the NEWS for the reason that the "morals" of the advertisers "are not sufficiently scrupulous." The NEWS, moreover, confines itself to legitimate advertising. It is not dependent on bogus jewelry advertisements for its support. We furthermore challenge the *Pacific Medical and Surgical Journal* to prove, by either our editorial or excerpt department, that the NEWS is "mainly an advertising journal in the interests of the drug trade," and until it furnishes such proof we shall remain of our present opinion that, notwithstanding its boasted regard for "truth and science," it is a wilful distorter of the truth.

The *Journal* says that "*one or two*" *(italics ours)* "regular professional journals have joined to some extent in the censure" which it and its relative have received at our hands. None are so blind as those who will not see, and none so dishonest as those who wilfully prevaricate to get themselves out of a scrape. (Webster defines "scrape" as "a position out of which one cannot get without undergoing, as it were, a painful rubbing or scraping.") The *Journal* is at liberty to elect its horn of the dilemma. But, perhaps its exchange list is not sufficiently large to enable it to be properly posted on what is transpiring in the medical world. We will, therefore, furnish it with a partial list of the professional journals which have "to some extent" joined us in censuring its position: *Detroit Lancet, Louisville Medical News, Chicago Pharmacist, Toledo Medical and Surgical Journal, N. Y. Hospital Gazette, Physician and Surgeon, Southern Practitioner, Ohio Medical Recorder, St. Louis Medical and Surgical Journal, Southern Clinic, American Medical Bi-Weekly.* The regular professional standing of any of these will compare favorably, we think, with that of the *Journal*.

The *Journal* says "it is worthy of notice that Dr. Bundy has not come to his own defense. Not having any defense to make, he has been wise enough to leave his character in charge of his employers, who are bound to defend him in the way of business." We suppose this eminently benevolent remark is also made "in the interests of truth." We would respectfully refer our truthful contemporary to the January number of the *Chicago Medical Times*. He will there find a very able defense by Dr. Bundy against the attack made on him by the Gibbonses, a defense, moreover, which shows the writer to be a gentleman, even though he be an odious "eclectic."

Space and inclination prevent us from following this unpleasant subject further. There are points in the *Journal's* "editorial comments," an impartial review of which would strengthen but little our contemporary's claim that it is conducted altogether "in the interests of science and truth." But for the present, *q. s.*

The Medical Bill.

Contrary to our expectations, the legislature has not yet taken a vote on any of the bills to regulate the practice of medicine, which have been submitted to that body. It would have been too much to expect that legislation could be accomplished on a question of so much importance, without much *pro et con* discussion. We apprehend, however, that the opposers of such legislation are more active than its friends. The arguments they make use of are, to our mind, specious in the extreme. The fight is being conducted on the principle of opposition to class legislation, and medicine is placed on the same footing as the trades. It is scarcely worth while to argue a proposition so fallacious on its very face, and we shall not do so. If the legislature fails to pass a medical bill at this session, the fault will be largely at the door of the medical men of this State, themselves. A united effort on their part would not fail of success. Let no fear of the charge of self-interest deter the profession from making the effort. It is as much, and more, its duty to protect the people from the ravages of quackery, as it is to protect them from the pestilence. It is probably true, that more destruction of life is due to unqualified practitioners than to any of the causes which our State board of health and its local adjuncts are so laudably endeavoring to remove, and to the dangers of which they are endeavoring to arouse the people.

For a list of remittances for the NEWS during the month ending March 22, see advertising page 12.

Miscellany.

PATENT MEDICINES IN DRUG STORES.—As the question of the qualification of the doctor to practice medicines is now being agitated, would it not be well to bring another question to the front, which every doctor of medicine is directly interested in, and on which it wants only a concert of action to be of great benefit to the profession and the people—I refer now to the patent nostrums which fill the shelves of every drug shop in the land. The relation of physician and druggist is of vital importance when properly regulated; but under existing state of affairs it is decidedly against the physician and in favor of the drug man—and this thing ought not to be so. Retail druggists work for money, and they as a class do not care how they get it—would as soon sell patent nostrums as fill prescriptions—and they will recommend the stuff right in the face and eyes of a physician giving them the patronage of their prescriptions. I would recommend and urge every physician to withdraw his patronage from all such dispensers of stuff, and compel them to empty their shelves of everything of a nostrum kind, and give the physician his honest due for labor performed. Who will second the motion? We have the remedy in our own hands, and let us use it unless they come to time. DR. HOWELL.

GOODRICH, Mich., March 15, 1879.

THE PLAGUE.—Asiatic cholera has not prevailed at any of the ports of Morocco since Dec. 1st, and clean bills of health are issued to all vessels, but at Mogador a malignant form of diarrhœa is very prevalent, and has caused great mortality among the natives on account of their unsanitary mode of life. No accurate statement of mortality can be obtained, as the recording of death is in conflict with the Mohammedan tenets.

The Governor of Astrakan announces officially that the late virulent outbreak of the plague in that province, has expired within the district included in the military cordon. The number of deaths at Wetlyanka was 600. The normal population of this village was 1,700, and almost every person who had not fled before becoming infected, was attacked by the disease and died. There is no announcement of the orders for the burning of the infected places having yet been carried out. The restriction of the disease to the original limits, has been greatly favored by the natural isolation of the infected places, and the slight traffic existing in the district, the inhabitants but rarely leaving their villages, especially during

the winter. Since the beginning of the outbreak, the principal road through the province has been obstructed, and all travel has been compelled to take a wide detour through the steppes. Strict quarantine regulations have been established at all the ports of the continent for vessels and goods coming from the Black Sea, and at the British ports the sanitary condition of all vessels arriving thence, is carefully inspected.

The sanitary condition of most of the cities of Eastern Europe is being improved, in view of the possible extension of the plague on the advent of warm weather.

DEATH OF DR. JOHN M. WOODWORTH.—The profession will be pained to hear of the unexpected decease of Supervising Surgeon General John M. Woodworth, of the U. S. Marine Hospital service. Up to a week of his death, he had been in the active discharge of the duties of his office, when he was seized with typhoid pneumonia and erysipelas. Being much reduced by arduous labors, he did not long resist the attack. Death occurred on the 14th inst. Dr. Woodworth was born in Chemung county, N. Y., August 15th, 1818. He graduated at the Chicago medical college in 1862, and immediately thereafter entered the army, as assistant post surgeon at Camp Douglas. He was with Sherman in his march through Georgia, and distinguished himself on that memorable occasion by his energy in the establishment of field hospitals. He was breveted lieutenant-colonel for his services. After being mustered out of service, he returned to Chicago, where he engaged in private practice. In 1871, the Marine Hospital service having been created, Dr. Woodworth was appointed its chief officer, with the title of supervising surgeon general. He was eminently fitted, both by education and natural endowment, for the responsible position, and the present efficiency of the department is due to his services. Marine and hospital hygiene were his specialties, although he by no means confined himself to these. A man of broad ideas, sound common sense, and of fine executive ability, his sudden death will be regretted by the profession, and will be very severely felt by the department over which he presided.

A GIANT BIRTH.—Many of our readers have seen Capt. Bates and his wife, who traveled with Cole's circus, last summer. They will be interested to hear that the giantess has presented her Goliath with a son, and one, too, who if he keeps on as he has started out, will surpass even the size of his mother. The captain is 7 feet 7 inches, and his consort 7 feet 9 inches, in their stockings. The young giant weighed at birth 23¾ lbs., and stood 30 inches in his stockings. He measured 24 inches around the chest, and 27 inches at the breech. The circumference of the head was 19 inches, and the foot was 5½ inches in length. This is the largest child ever born. The secundines are usually one-sixth the weight of the fœtus, but in this case they weighed ten pounds. The labor was a very tedious one, the difficulty being chiefly in the delivery of the shoulders. Dr. A. P. Beech, of Seville, Ohio, conducted the accouchement.

ENGLISH AND AMERICAN PHYSICIANS.—Dr. C. Cushing, *Pacific Med. and Surg. Jour.*, Feb. 1879, in writing from London, Eng., states that the professional men of that city seem to have little or no knowledge of our American books, or of the ideas of American professional men. Dr. Russell Reynolds informed him that the London men bought few books, and after leaving college read but little. This will account for such a state of things.

TOBACCO SMOKE.—From *Chambers' Journal*, it appears that the police are ordered to prevent boys, under sixteen years, smoking in the street of certain towns of Germany. A fine and imprisonment is imposed on the offenders.

A Belgian physician, making observations under government instructions, finds that the too general and excessive use of tobacco is the main cause of color blindness.

It is claimed that the physical as well as the mental condition of the people is being impaired by the excessive use of tobacco.

Where Not to Settle.

The following, from the *Louisville Medical News*, will have an interest for the young men who, within the next month or so, will be turned out of our medical colleges. The valedictory address will soon have been read, and the sheep-skin will soon have been placed in the hand of the young philanthropist. His weightiest thought soon will be, where shall I be able to do the most good to suffering humanity and—myself:

Where shall go the doctors of 1879? We certainly cannot tell; but it has occurred to us that in a negative way we might render service to the young aspirant for practice, and present two or three points at least which it would be well to keep in view when the question of a "location" is being considered.

Primarily, should the incipient Galen, for once and ever, give up the search for that fabled land which needs a doctor and has no doctor. Due notice will be given in these columns when these Elysian fields are discovered. Meanwhile he should remember, as Prof. Gross so well expressed it ten years ago, that "nature abhors such a vacuum." The way of the doctor is never found, but made; nay, hewn through sharp rocks of bitter competition.

He should not, as an ordinary rule, seek his fortune at home, if the surrounding community be at all small. Known to everybody from infancy up, it is hard for Tom, Dick or Harry, whatever be his new-won title, to change into a doctor in reality, competent to take charge of the stomachs of ancient cronies or more venerable friends. Kind words in plenty may be spoken, but we are considering butter and bread just now. It is a queer order of things, but it is so. However clear the methods of medicines may be to the initiated, to those outside they always have been and always will be a mystery; and there is no mystery about the doctor who was known in pinafore or jacket. The contemporary generation may pass away, and the medical prophet may receive honor and pay in his own country; but the trouble is, he may pass away with the contemporary generation. If, as a rule, you are not saluted by your title, pass on.

But, wherever you may go, above all remember the simple fact that when the living of the land is bad, and the fortunes of the people hard, however honest your endeavor there may be, such must be your fate also. By these signs shall you know such country. If the beech-roots scorn the soil and reach upward; if the land be blue, and five bushels of crawfish be ascertained as the ordinary crop to the acre; if the stock be lean, and the men guant, and the women ugly; if too many of the younger inhabitants appear in shirt alone; if everything looks pinched and solemn, and nothing laughs—pass on, my brother, pass on. Stay not a single night. To-morrow the temptation of many calls—for these may be thick enough—may cause you to linger. Few, then, will be the years before pledges to fortune in shape of sour wife and tow-headed children will chain you to the spot, to shrink in body, to dwarf in intellect, to collapse in purse. Lift up the skirts of your saddle, my brother; shake the blue mud from your sandals, and spur on. Go where there are "fields which promise corn and wine," and there is hope of converse with humanity.

Paragraphs.

It is a wise child that gnaws its own fodder.

London doctors complain of the paucity of subjects for dissection.

Dilute sulphuric acid is said to be an antidote in carbolic acid poisoning.

Calomel dusted into the eye after the application of blue-stone causes the pain produced by the latter to disappear.

It is estimated that there are 1,108 students attending the various colleges of pharmacy in the United States.

The question now occupying the minds of hygienists is whether alum is an injurious ingredient of baking powder. Our vote is for the affirmative.

It is often difficult for the young doctor to learn, but it is oftener impossible for the old doctor to unlearn.

A lady quite well known in Philadelphia recently remarked to her physician that she thought the air of Newport was quite enervating. It seemed to her that there was not enough *ozodont* in the atmosphere.

The *Detroit Free Press* says nothing does a doctor so much good as to prescribe a sea-voyage for a sick man who can't raise money enough to pay his street-car fare down town.

The wife of a prominent physician in Lexington, Ky., became deranged after attending a revival meeting, and was found wandering six miles from home, carrying a message from Christ to a friend.

The Illinois Medical act drove 1,400 non-graduates either out of the State or out of practice. Michigan has been a haven of rest for many of these. Let our legislature make them "move on."

"Behold, I send you forth as sheep among wolves: be ye therefore wise as serpents, and harmless as doves," was given as an appropriate closing sentence of a recent commencement address to a class of medical graduates.

The *Medical Summary* is a new monthly, dollar, medical journal. Dr. R. H. Andrews, of Lansdale, Pa., is the editor. The success of the NEWS has given rise to quite a crop of dollar journals. Success to them all!

The trustees of the Medical College of Calcutta appointed a professor of homœopathy. The other professors resigned and the trustees canceled their appointment, and thus permitted the school to resume.

What, said the homœopathic professor, would you prescribe for *fatigue?* and straightway the bright disciple answered that he would advise the patient to *retire.* That student was plucked; such heterodoxy must be stamped out.

In Algeria, the clouds of dust raised by the incessant sweeping of the long skirts of the ladies, produce on the legs, when bathed with perspiration, an irritating pruritis and eruptions which are only partially relieved by baths and a scrupulous attention to cleanliness.

Dr. Charles W. Hackett, of Maplewood, Mass., has just been awarded a verdict of $39,501 against the Eastern Railway Company. The verdict was the result of a suit brought for damages received by an accident on the road. This is supposed to be the heaviest verdict for personal damages ever entered against a railroad corporation.

The very unpleasant pungent odor of iodoform can be completely masked by oil of peppermint. For instance, iodoform 2.0, vaseline 30.0, rubbed up with six drops of oil of peppermint, make an ointment with a pleasant aromatic scent.—*Chicago Med. Journal and Examiner.*

The *Canada Lancet* and the *Canadian Journal of Medical Sciences* contain graceful obituary notices of Dr. Duncan Campbell, who lately died in Toronto. The fact that the deceased was a homœopath does not seem to have made the notices less favorable. But Dr. Campbell was an educated and scientific man, in spite of his views on the action of drugs.

Louisville Medical News: The editor of the Philadelphia *Medical Times* must have felt a little awkward when he came to read his editorial remarks in the last number of his journal. Dr. Woodworth had already passed beyond human criticism. Of course a mistake had been made; but hasn't some one remarked upon the close similarity of mistakes and crimes?

The Reedville, N. C., *Times* has the following: Aunt Phillis, an old negro woman living at Biggus Powells, six miles below Yanceyville, has just given birth to twins. Phillis is sixty years of age. This remarkable old woman stoutly persists that they never had no father. There is an excellent mineral spring on Mr. Powell's land, and the old woman insists that it all came from drinking Mr. Powell's mineral water.

The *Ohio Medical and Surgical Journal* has ceased to exist. It was a good journal in its way, but it made a mistake when it supposed that the "long-felt want" of the profession was long, theoretical articles. Physicians have a habit of consulting text-books and treatises for such articles, preferring to read them in the place whence they are digged by the "essayist." What is "wanted" is the concise and practical—*vide* MICHIGAN MEDICAL NEWS.

Original Articles.

The Soft Rubber Catheter.

BY L. T. WHITE, M. D.

In reply to the request of Dr. H. W. Hendricks, in No. 4, Vol. II., of the NEWS, to hear from any of its readers who may have used the soft rubber catheter, I would say that after testing the merits of this instrument for over five years, I can fully endorse the doctor's views regarding the superiority of flexible over non-flexible catheters, for it has been clearly proven that the urethral walls, and not the surgeon, should guide the beak of the instrument. Having had a very troublesome and interesting case of enlarged prostate in 1874, I had an opportunity, through the kindness of Dr. T. H. Squire, of Elmira, N. Y. (the inventor of Squire's Vertebrated Catheter for enlarged prostate), of trying a variety of soft rubber catheters. Some of these, and one in particular, I feel worthy of special notice. It is the "Wire Coil Catheter," which was brought to the notice of the profession by Dr. Cowan, of Danville, Ky. (See the *American Journ of the Med. Sciences,* April, 1874.)

It is a soft rubber catheter with a small wire coil inside for about two-thirds its length, and for ease of introduction is all that could be desired; but in the above case of enlarged prostate mentioned there was a large quantity of catarrhal discharge, also some blood clots, which were caught in the coil. Except in cases where some such objection as this exists, it is a success. I also feel that the "Watchspring Stylet Catheter" is in many cases an admirable instrument. The stylet is simply a portion of a watch-spring, with a small bulb on the end to protect the catheter, which may be used with or without the stylet, as desired. Such a stylet can be used in any soft rubber catheter, and is often a great advantage, as it follows closely the upper portion of the urethra. Where greater rigidity is desired, as in slight stricture, etc., it is in most kinds of soft rubber catheters almost indispensable, and as it can

be removed at any time, the objection which exists with the "Wire Coil Catheter" is obviated. I would also state, for the benefit of any who may wish to furnish themselves with a rubber catheter, that from my experience with it I have found the Jaques catheter to be equal if not superior to any of the soft rubber catheters. It is intended, and, in fact, is in most cases stiff enough without any kind of stylet, though in a few instances I have found the watch spring stylet to rather aid its introduction. I am aware that there are some cases where flexible catheters are not passed with the same readiness as the silver, but aside from cases of stricture I consider them very rare, and if I could only have one catheter I should by odds desire that to be of soft rubber. I feel that there are many other worthy and important points of the rubber catheter besides those mentioned in Dr. Hendricks' article. It is superior to the non-flexible catheter, where you wish to continue its introduction into the bladder. This can readily be accomplished by inserting a plug a few inches down the catheter. Another very important advantage is in the comfort of the patient. By lying on his back in the usual position, the bladder can be completely evacuated by bending down the end of the catheter so as to convert it into a syphon. This cannot be done with a silver catheter without tubing, where there is loss of power in the muscular coats of the bladder, except by compression of the hypogastric region and great inconvenience to the patient when keeping the end of the instrument depressed enough to have the urine flow through it. The above advantage is easily illustrated when the female bladder is being emptied with a flexible catheter. In relation to greater safety of introduction there can be no dispute, and having had several cases within the past few years of enlarged prostate, paralysis, etc., demanding the constant use of a catheter, I have almost invariably furnished the patient with a Jaques catheter, feeling that its use is perfectly safe even in the hands of the inexperienced, which can only be said of non-flexible instruments.

ALPINE, N. Y.

Hip Joint Disease in the First Stage, Etc.

Surgical Clinic at the Detroit Medical College. Recitation Term.

BY H. O. WALKER, M. D.,

Lecturer on Genito-Urinary System and Rectum.

GENTLEMEN—The first case we present to you today is a little fellow, Gussie L—, aged four years, who, the mother informs us, has difficulty in walking and complains of pain in the right groin. On inquiry we find no history of hereditary disease, and that he was perfectly well and robust up to two months ago, when he received an injury by being pushed down by one of his playmates. You observe that he shows evidences of general debility, and on undressing him and standing him upon the table, you notice that he makes a solid column of the left leg, that he slightly flexes the knee and hip with a certain amount of abduction. Turning him around, you perceive that the gluteal fold is shallower than that of the opposite side, and the limb is somewhat atrophied.

We will now place the little fellow on his back and note whether there is any muscular rigidity in the vicinity of the hip joint. This examination should always be made upon a firm flat surface. I will now place my fingers under the back just above the pelvis, having the thighs form a right angle, or nearly so, with the body. Extending the well leg flat upon the table, you will observe that the spinous processes still touch the table; but on extending the right leg in the same manner, you notice that the spinal column at its lower portion forms a curve, so that I can readily pass my hand between the back and the table, showing that there is a contraction of the psoas magnus, iliacus internus, or abductor muscles of the thigh. This rigidity of the muscles as nothing more than an indication of nature for the relief of the hip joint trouble, a sort of a muscular splint to prevent concussion of the joint surfaces. The mother says that he frequently wakes up at night and cries out with pain This is unquestionably due to a sudden movement of the hip joint surfaces upon each other.

By making pressure over the trochanter, the little patient exhibits evidence of pain—rotation produces a like symptom. showing clearly with the other manifestations that the trouble is in the joint. Pain, however, is not always present in the first stage. It may be referred to the knee, and not infrequently may mislead the surgeon. I have now under my care just such a case, that was diagnosed and treated for a year as rheumatism of the knee.

This is a brief synopsis of the symptoms and method of examination in a case of morbus coxarius in the first stage; the stage of irritation without effusion, of traumatic origin.

The principal indications in the treatment of a diseased joint is immobility and extension. The appliances that have been devised for this purpose are various, for the description of which we have not time at present; but for the immovable dressing in this case we will use the plaster of Paris bandages, prepared in the following manner: The bandages should be of coarsely-woven material and light texture, two inches in width and five yards long (I prefer cheese-cloth), filling the meshes with fresh, dry plaster of Paris well rubbed in. We will now adjust the little fellow in Sayre's suspension apparatus, used for applying the plaster jacket, and when ready, one of you will make extension on the leg by gently pulling on the foot in a direct line with the body. The upright position is much more

comfortable to the patient, and better adapted for applying the dressing. A roller bandage of cheese-cloth should be first applied, commencing at the ankle and extending it up to the umbilicus, being careful not to make any wrinkles or creases, as it is liable to cause after discomfort to the patient. Suspending the patient and making extension at the foot, we are ready for application of the plaster bandages, which have been soaking in warm water, a quantity of pulverized alum having been added for the purpose of assisting the plaster to harden more quickly. Squeezing out the refuse water from the bandage, we proceed to wind it around the leg, commencing at the ankle and extending it up to the umbilicus. After the application of three or four thicknesses, it is advisable to apply about three strips of perforated tin or zinc around the hip and one each side of the knee (this addition of the strips gives firmness to the dressing without increasing the weight), which are covered with the plaster-roller in the same manner as the others. In this case I have used five bandages, using care not to adjust it too closely to the perineum, as it is liable to produce excoriation and great discomfort. Continued extension I purpose to accomplish in another way, although we do this to a certain extent by the prominences of the knee below and the pelvic bones above. As you observe, now that the plaster is dry it fits like a glove, perfectly moulded to the contour of the leg and the body. The continued extension is maintained by lengthening the well leg by a thickened sole to the shoe, say two or three inches, either in the way of a cork sole, or by a steel plate attached by rods to the sole of the shoe. Now this elevated shoe and a pair of crutches are all that is necessary. By this means you keep the foot of the diseased leg from touching the ground, and prevent friction of the joint surfaces. The weight of the leg being the extension, and support of the body by the crutches the counter-extension, and with the aid of the plaster cast we have fulfilled all the mechanical indications. The constitutional indications are open air exercise, good nutritious diet, and something to assist digestion and assimilation. The latter I firmly believe I have accomplished (more especially where a constitutional diathesis exists in connection with the various joint troubles) by the use of the Trommer Extract of Malt.

LARGE-SIZED STRICTURES OF THE URETHRA.

CASE 2. J. H., aged 27, who has had gonorrhœa a number of times, the first time about seven or eight years ago. For the last attack, occurring two years ago, he, at the suggestion of a friend, used a strong injection of sulphate of copper, which set up an active urethritis together with a prostatitis. Since that time he has had more or less of a discharge accompanied with difficult urination. This condition of affairs continued (with occasional exacerbation of symptoms) up to a few weeks ago, since which, he tells us, he passes blood at times, and the urine contains a ropy sediment. Has great pain at every urination, which has become more frequent. The pain he refers at the end of the penis, and just behind the peno-scrotal fold, there is also a constant uneasiness in the lower abdominal region. The stream is only slightly tortuous, and of ordinary size. Without further examination I venture the statement that this man has one or more strictures of large calibre, and a certain amount of prostatitis and cystitis. We will now try to introduce an ordinary steel sound, a number 12 English or 22 F., which, you observe, I pass without much difficulty. Now this does not prove the absence of strictures, for a sound filling the natural calibre of the urethra may be passed and still there may be a stricture. To ascertain accurately if any coarctation of the urethra exists, it is necessary to have for exploration a set of bulbous steel sounds, such as I show you, ranging from No. 10 to 40 milimetres in circumference, made after the design of Dr. Otis. The normal size of an adult urethra ranges from 28 to 40 milimetres. I will now try to introduce a No. 26 F. which meets with resistance about ⅓ inch from the meatus, but with a little steady pressure it passes with a sort of jump, and with no further resistance until we come to the "cut off" muscle, a natural muscular contraction. Strictures are rarely found beyond the "cut off." In order to determine positively the existence of more strictures, I will incise with a probe-pointed bistoury this first stricture. I have done so and can readily pass a No. 36 F., but meet with resistance at one and a half inches from the meatus. This second stricture, you perceive, only admits a No. 30 F., and two inches further on meets with another contraction. The different modes of treating stricture we have not time to explain to-day. The method that we will pursue in this case is what is termed "*radical cure of stricture,*" Otis' method. For this purpose I exhibit an instrument which I have devised, and have had made for me by Tiemann & Co., of New York. Closed, as you now see, it is a bulbous sound No. 22 F., and attached to the handle is an indicator ranging to 40 F. Turning the wheel at the end of the handle, you notice the separation of the bulb in the center by means of a sliding bar, and concealed in each half of the bulb is a knife which can be readily drawn back by pressing on this button near the indicator. This instrument, you perceive, serves the purpose of a bulbous exploring sound which can be increased from No. 22 F. to 40 F., a urethrometer, a dilator and a double urethrotome. As we purpose cutting these strictures, we will give this man ten grains of sulph. quin. in order that he may better stand the shock of the operation, and by continuance of it afterwards prevent urethral fever. I now introduce the instrument beyond the third stricture, and put it on the stretch up to a No. 36 F., the natural size of this urethra, and withdraw the

knives, being sure to cut all the cicatricial band, which I have done, and also the second stricture.

We pass readily a No. 36 F. through all these strictures and meet no resistance. The pain has not been severe, nor have we very much hemorrhage. Now we expect that by keeping these cuts open, at intervals of every two days by a full-sized sound, to effect a radical cure of these strictures. Nature dovetails in these slits in the stricture which have been made a new tissue, and at the same time absorption of the old stricture tissue takes place, and the bladder symptoms will disappear. This man we will present to you again, showing the result of the operation.

Fibroid Polyp of the Posterior Nares.

Removed March 5, 1879, by T. A. McGraw, M. D., Professor of Surgery, Detroit Medical College.

Reported by M. K. Ross, M. D., House Physician, Harper Hospital.

I bring before you to-day a case of recurrent fibroid polypus of the posterior nares, and while the patient is being anæsthetized I will give you a brief history of the case.

The patient, Frank J—, age 15, is the son of a farmer near Northville. He has never complained of any serious difficulty in breathing, but had noticed each year that he was obliged to breathe more and more through his mouth, causing excessive snoring at night, and he dates it from an attack of diphtheria eight years ago.

In September, 1878, he consulted his physician, Dr. J. Hueston, of Northville, who diagnosed a tumor of the posterior nares. November 1, 1878, assisted by Doctors Hueston, Noyes, Hawes, Longyear and Ross, I removed the tumor by the galvanocautery.

The patient was anæsthetized and an examination made. The tumor was found to be attached to the external wall and arch of the posterior nares, and to the base of the skull, projecting into the pharynx.

A Belloc sound was passed through the nares into the mouth, carrying a ligature, to which was then attached the wire loop of the cautery, and the instrument withdrawn carrying the loop of the cautery backward through the mouth and over the tumor. The loop was then adjusted, by combined manipulation through the nares and the mouth. The circuit then being completed, the tumor was rapidly separated and removed, the major portion coming away in two segments.

The base of the tumor was then cauterized, and several small fragments brought away. It proved to be a fibroid polyp the size of a large hen's egg.

The patient recovered with scarcely any shock, and returned home in a few days feeling perfectly well.

For over three months he has been entirely free from any disturbance, but about February 1, 1879, he contracted a slight cold and since that time has felt some obstruction, again, in breathing.

To-day I find that the tumor is the size of a walnut, but the attachments of the base are much more extensive. I can feel it extending forward into the nares, involving the roof of the nares and the vomer, and backward upon the base of the skull.

As I want to get out as much as possible of the base of the tumor, I will not use the cautery loop, but try and separate it from the bone with the gouge. You can see under what difficulties this is accomplished. As the nostril is too small to admit both instrument and my finger, I will try to guide the gouge posteriorly by passing my left hand fingers into the mouth, placing this gag to prevent his biting. I now manage to reach the tumor and can feel the gouge. I have now partially loosened the tumor, and will try torsion with the forceps. You observe it comes away in small pieces, but with patience we will get it all. Now I will cauterize the base of the tumor in order to destroy any fragments that may be left. The same disadvantage is apparent in introducing the cautery. I will guide it as before with my hand in the mouth, and then have the current completed after the cautery is *in situ*.

I have now removed all the tumor that is possible in this operation. If it should recur again, I shall cut down and remove this portion of the maxillary bone, between the orbital and the palatal plates, and then gouge out the tumor and scrape the bone at its attachments, replace the maxillary bone, and close the wound.

Hemorrhage is often quite severe in these cases, but can be controlled by plugging the nares.

Detroit, Mich.

Selections.

Cascara Sagrada — Rhamnus Frangula — Rhamnus Purshiana.—Prof. E. S. Dunster, M. D., of the University of Michigan, writes as follows in *New Preparations* for March: "When the new laxative, cascara sagrada, was given to the profession by Dr. Bundy, the claims which he made for it were so extravagant that I was inclined to be suspicious of it. But, as he fortified his assertions with cases that were apparently authentic, I concluded to ascertain for myself the value of the remedy. I accordingly procured from Parke, Davis & Co. eight ounces of their preparation, and, with a courage possibly akin to rashness, I experimented first upon myself; for, as a result of long years of the sedentary life of a student, constipation had been established, and was an enemy that I had never been able to dislodge. On the first trial of the medicine I was struck with the similarity of its taste to the buckthorn (rhamnus frangula), a fluid extract of which, prepared by Metcalfe & Co., of Boston, I had long

used, and I said to myself, surely this must be some variety of the buckthorn. The recent announcement of its botanical name, rhamnus purshiana, confirms this opinion. In my own case I found the medicine an agreeable laxative, producing, in moderate doses, a free semi-solid evacuation of the bowels, without catharsis, or tormina, or disturbance of any sort; occasionally the dejections were somewhat frothy, as if soap had been mixed with the fæces. It did not impair the appetite, nor derange in any way the digestive functions, and, after using it for some time, I gave it to my patients. Now, after nearly two years' trial of the remedy, and in nearly one hundred cases, I am satisfied that it is a valuable addition to our materia medica, but the claims which were first made for it as *curative* of constipation have in no one instance been substantiated. I have invariably found it is well borne, and that it has no tendency, even after months of continuous use, to destroy appetite or derange digestion. A laxative that will do this is certainly well worth having and using, even if it cannot cure the constipation. The attacks recently made upon the remedy are too absurd to warrant notice, for, as has been well said, it will move the bowels just as readily under its local name of cascara as it will if you call it rhamnus purshiana. But, lest these attacks should have some influence in preventing the profession from employing it, I think those who have used it should make public their experience with it, so that a really valuable remedy may not fall into disrepute. As to the modes of using it, either alone or in combination with other substances, I have nothing to say at present, my only object now being to fulfill what I conceive to be a simple duty in calling attention to the value of the remedy."

SCARLATINA.—An adult female patient, aged 37 years, was admitted to La Charité, Nov. 20th, 1878, suffering from a tolerably severe attack of scarlet fever.

Prof. Hardy, in lecturing at the bedside of the patient, made in substance the following remarks worthy of note:

"Of the exanthemata, this disease is least likely to recur a second time. Treatment should be expectant or symptomatic. In all mild cases we have absolutely *nothing* to do. It is only when we have the supervention of some complication that we are called on to interfere. Among the complications that may arise in the course of every case, and especially every severe one, and which will call for our active interference, is that of an extremely high temperature. During my professional life I have watched many cases anxiously, and all went well until suddenly a temperature of 40.5 or 41 was attained.

"If I had happened to see the patient only a short time after the supervention of such hyper-pyrexia, there would be perhaps nothing else about the case to excite apprehension or alarm. I would leave the house in the evening with a promise to call the next morning, but within the next few hours, say from six to ten after my departure, I would be summoned again, to find my patient either wild and delirious or in a condition approaching that of coma.

"After this state of things supervened, I had not seen for years a single case recover, until I adopted the course of treatment which I shall presently recommend. It was formerly thought that these nervous manifestations, and especially that of stupor, were caused by uræmic poisoning.

"But later investigations have proven that this is not the case. They have demonstrated that all kidney complications belong to the later or desquamative stage of the disease.

"These symptoms, denoting a fatal implication of the nervous centers, are produced by extreme heat of the body, and to the combating of this condition we must direct our treatment.

"What are we to do? Give medicines? I can assure you that we have no remedy in the materia medica that will exert the least influence in preventing a fatal termination in such a case as this. There is one thing, and one only, that you can do with a hope of saving life, and that is, immerse the patient at once in a cold bath of from 18° to 20°, and repeat this bath sufficiently often to bring the temperature down. If you do this early, and do it thoroughly, you may be successful. If you vacillate, your patient will assuredly die.

"Great care should be taken in the after management of scarlatina in cases of adults, for while they generally have the disease in a much milder form than do children, and are less liable to die in the acute stages of the disease, they are much more likely to have nephritis as a sequel, and such a complication with them is much less amenable to treatment than among patients during the first years of life.

"My rule is to confine children to the house for one month after an attack of scarlet fever, and if adults follow my advice, they will not expose themselves to any vicissitudes of temperature for at least two months after apparent recovery from this disease."—*Chicago Medical Journal and Examiner.*

PELLETIÉRINE, THE ALKALOID OF THE POME. GRANATE ROOT BARK.—Tarnet exhibited this new alkaloid to the Paris Academy of Sciences, and gave it the name Pelletiérine in honor of the renowned chemist, Pelletiér. He obtained four grams of the sulphate from one kilogram of the dry root. The alkaloid has an oily consistence, is colorless, volatile, combustible and has an aromatic odor. Drops upon paper disappear by evaporation in a very brief time. It is soluble in water, alcohol, ether, but especially in chloroform. It is strongly alkaline, combines readily with acids, etc. Its formula

is $C_{16}H_{13}NO2$. The quantity of alkaloid obtained was found to differ according to different vicinities from which the root was obtained.

Pelletiérine has been tested in proper cases by several physicians in Paris ; all of them consider it to be the active principle of the bark, and advise its use in treatment of tapeworm.—(*Allg. Med. Cent. Ztg.*)

PHOSPHIDE OF ZINC.—Gros, in *La France Medicale*, extols this article, and advises its use in nervous affections, and especially in hysteria; giving at the same time a long list of neuroses in which it has been successfully used by physicians in America and England. He says that, though hysteria is an affection strange in its termination, so many cures have been reported that we should prefer this remedy to others because of its promptness of action, its facility of administration, and its innocuousness. It is stated that, contrary to expectation, it is innocuous, because if a toxic dose is given, vomiting invariably occurs, which prevents the poisonous action of the drug. The best form for administration is the granule.

TREATMENT OF DIPHTHERIA.—Dr. L. Wergert, of Amsterdam, N. Y., in *Hospital Gazette* of April 25th, 1878, gives his treatment of diphtheria, and claims very favorable results—losing but two out of fifty patients. He gives quiniæ sulph. grs. v. every two hours till the disease subsides. This free use of this medicine causes very little cinchonism, and 33 per cent. of the patients had none at all. A teaspoonful of the following mixture is given every 15 minutes till the extension of the membrane is checked, which usually occurs in 24 to 72 hours: Potas. chloras. ʒ ij, tr. ferri mur. ʒ ss, glycerine and aquæ ää ʒ viij. A flannel wet in water is applied to the throat and covered with a dry flannel bandage. These are changed as often as they become warm and dry, which in the early stages may be every three or four minutes.

The patient receives as nourishment 2 quarts of milk, 1 pint of beef tea—the extract of 1 pound of meat, 6 eggs and 2 ounces of brandy daily. This is the minimum quantity which the patient is forced to take, but more is permitted provided it be desired.

Under this treatment the throat became clear about the eighth to the ninth day.

Notwithstanding the success of this heroic treat ment of diphtheria, the Dr. tries (*Hospitol Gazette*, Jan. 1869) another method which promises still better results, assuming that diphtheria is caused by bacteria, he gives mercury as a paraciticide, ordinary calomel and dovers powder ää qs. j. every two hours, and the inhalation of the fumes of ten grains of the black oxide of mercury every two hours.

Every case treated by this method recovered within a week, and the disease was under control in 12 to 24 hours from commencement of treatment. [Good patients, good diphtheria, or both.—ED]

TREATMENT OF SPINAL CURVATURE.—John A. Wyeth, M. D., in *Hospital Gazette*, Jan. 30, 1879, claims that extension, fixation and rest, with good hygiene and judicious medication, have been the sum of all the indications in the treatment of spinal disease.

The introduction of the wheel crutch, Taylor's brace and plaster of Paris jacket each make a decided advance in meeting these indications.

The plaster of Paris bandage, being liable to become loose and thus require re-applying in a short time, some more manageable dressing seems desirable. The doctor, therefore, adjusts two bandages, one extending from the diseased part up to the arms, the other from the lower edge of disease to the hip. The plaster is applied without the suspension process. In each section of the bandage are fastened perforated zinc plates. When the plaster is sufficiently firm, extension bars fashioned after the Sayre's knee joint splint, are fastened to the plates, one at each side and one at the back, or as circumstances may require. By this modification of the plaster jacket, extension can be graduated at the will of the surgeon, and the jacket when once applied requires no renewing.

Dr. Wyeth claims that this method obviates many of the objections to the plaster splint, and reports a case successfnlly treated by this method after others had failed.

LOCAL APPLICATION OF CHLORAL IN DIPHTHERIA.—Dr. Rokitansky, of Innsbruck, has used a 50 per cent. solution of chloral hydrate in three cases of diphtheria where the ordinary methods had failed entirely, and was astonished at its striking effect upon the local processes. The solution applied with a hair pencil every hour. The pain caused by it was severe in only one case, in which the under surface of the tongue was thickly covered with a diphtheritic deposit. Intense salivation occurred after each application, and in a few minutes the pain ceased entirely.

In two cases in which the diphtheritic layer partially covered both tonsils, the penciling scarcely produced a sensation of pain. After three applications of the solution, i. e., in an hour and a half, large pieces of the membrane were removed with the pencil, without difficulty. The surface thus exposed was reddened, in the deep portions the finest granular formations were visible. In the two other cases the diphtheritic layer was removed after two days; the surface of the wound had granulated. In the first case the entire process had disappeared after four days. As soon as it was remarked that the normal tissue appeared the solution was gradually weakened, until, after eight days, when all the treatment was stopped, since the cure was complete. —*Cin. Lancet and Clinic.*

BROWN BREAD VS. WHITE.—Professor A. H. Church contributes an article in the current issue of *Nature* on the subject of the dietetic value of wheaten bread. In a former article, published some two months ago, Prof. Church exposed the fallacy of supposing that brown bread possessed a *directly* higher nutritive value than the ordinary bread made from white flour. Though the latter contains actually less nutrient material than the former, still the ready digestibility of its flesh-formers, as contrasted with the indigestible nature of the excess of nitrogenous matter in the brown bread, makes it a preferable article of diet. The recent report of the committee appointed to inquire into the dietaries of the prisons of England and Wales serves Prof. Church with a basis for his last communication of the subject. The concluding paragraph of the article deserves especial notice. He writes: "The committee is clearly right when it urges the desirability of including most of the coarser mill products of wheat in the meal on account of the phoshates thus secured; and the proposed plan is a good one, of making the dough of the finer mill products only at first and then introducing, when the dough is nearly ready for the oven, the middlings, sharps and pollard, again kneading the mass as quickly as possible, and then baking it. The excessive stickiness and solidity of most wholemeal bread is thus avoided, since the ferments present in the seed-coats of the grain have little time to exercise their action on the starch of the flour."—*Medical Press and Circular.*

TREATMENT OF TAPEWORM.—Fleischmann employs the following method for the removal of tænia mediocanellata. No preparatory treatment is required. The child is given a bowl of milk for breakfast, and one hour afterwards ten of the following pills are administered: ℞. Extr. punic. granat. rec. præp., extr. filicis mar. æther., ää grs. xxxviij.; pulv. punic. granat., q. s ut fiat massa, div. in pil. No. 40. The dose of pills is repeated twice, at intervals of half an hour; if one of the doses be vomited, the last ten pills are administered. Between the doses lukewarm tea or lemonade is given to hasten the dissolving of the pills and to counteract nausea, if it should exist. At the end of three or four hours a dose of oil with beef tea is administered, or, instead of it, half of the following mixture: ℞. Extr. punic. granat. (or filicis mar. æther.) grs. xxxviij.; Ol. ricini. mucil. acaciæ, ää ʒ ijss.; aq. menth. pip. ʒ i. M.—*Deutsche Medic. Wochen.*

TREATMENT OF OBSTINATE VOMITING BY SMALL DOSES OF IODIDE OF POTASSIUM.—Dr. Formica Corsi states that he has cured with this drug cases of persistent vomiting that proved rebellious to the usual methods of treatment, and that he has known it to be equally successful in the hands of other practitioners. He cites the case of a woman who was suffering from typhoid fever and was at the same time in the second month of pregnancy. The vomiting resisted all the known anti-emetics. Finally he ordered a teaspoonful, every hour and a half, of a mixture consisting of half a grain of iodide of potassium in three ounces of water. On the following day the vomiting had ceased.

Dr. Giné confirms this statement concerning the anti-emetic properties of the drug, and states further that, when given in doses of one-sixth to five-sixth of a grain per diem, it possesses decided laxative qualities.—*Gazette Obstétricale.*

TREATMENT OF ASTHMA.—Dr. S. G. Armor: In the treatment of asthma, the iodide of potassium is *the* remedy. But there is a class, in which there is an inflammatory element, that not infrequently resists that treatment. For these he is in the habit of prescribing a preliminary treatment of divided doses of the bi-chloride of mercury, one-sixteenth to one-twentieth of a grain, for two or three weeks. Under this drug the exudation becomes less viscid and tenacious, and the subsequent exhibition of the iodide of potassium becomes more efficient. Dr. Armor gave an account of two very stubborn cases, the cure of which was brought about under this plan.

Dr. S. Sherwell: The iodide of potassium treatment was not at all a new one to him. He had for a long time used this remedy in laryngeal and bronchial affections, where a stimulant action upon the muciparous glands was desired. A flow of mucus is caused, which washes away the tough secretion which narrows the air passages. Large doses are not always required.—(*Proc. Med. Soc. Kings County.*)

FONTAN'S TREATMENT OF HEMORRHOIDS.—Dr. George T. Carter (*American Medical Bi-Weekly,*) reports a number of cases of hemorrhoids, some of long duration, treated by forcible dilatation of the sphincter ani, in all of which the results were highly satisfactory.

He used a bi-valve speculum with blades three inches long and three-quarters of an inch in width, of oval shape. The valves which are separated by a screw are 2 inches in circumference when closed, and 6½ when open.

The bowels were usually relieved of large quantities of fæcal matter—from one to two gallons—even in cases where the patients had reported themselves quite regular.

In all cases of hemorrhoids of long standing, he observed a small outlet to an enlarged bowel. In one case, *post-mortem*, the little finger could not be forced through the sphincter ani. The rectum was dilated to the full capacity of the pelvis, the sigmoid flexure was obliterated, the intestine was straight from anus to left hypochondriac space where the transverse and ascending colons were continuous and four and three-quarters inches in diameter.

THE THERAPEUTIC VALUE OF WARBURG'S TINCTURE IN INDIAN FEVERS.—Mr. William Owen, of the Bengal Medical Staff, claims (*Dublin Journal of Med. Science*, Jan., 1879):—

1. That Warburg's tincture is a remedy of great value in remittent fever—in some cases preventing a return of the exacerbations; in others, and these the most numerous, diminishing the intensity of the exacerbations, and rendering the remissions distinct, thereby lessening the force of the fever, and opening the way for the subsequent beneficial action of quinine. 2. That in bad cases of intermittent fever it often acts as a charm—in some cases dispersing the paroxysms, not to return; in others, diminishing their force and lessening their duration. 3. That it appears to act on the fever *per se*, at the same time increasing the subsequent beneficial action of quinine in a marked degree. 4. That it may be administered with perfect safety by competent hands to children, as well as adults. 5. The moderate perspiration produces as good results in these cases as excessive, and the former can, if necessary, be repeated by repeating the dose. 6. That excessive perspiration and consequent debilitating effects (this urged as an objection against it) may be prevented by regulating the dose. 7. That in remittent fevers of a typhoid type with high temperature this medicine may be administered with great advantage, care being taken that the dose and subsequent perspiration be not excessive, and any symptoms of debility being combated with stimulants.

OZÆNA, AND A SIMPLE METHOD OF ITS TREATMENT.—Having compared the different views of Sauvages, König, Fränkel, Michel, Zauful, and Jacobi, regarding the etiology of this affection, Gottstein states (*Berl. Klin. Woch.*, No. 37, 1878) his own ideas. He recognizes the often observed coincidence of anomalous capacity of the nasal cavity with the occurrence of the disease; but he does not look upon this fact as being an important etiological factor for its origin. He considers the latter due to a process of atrophy in the mucous membrane of the part, analogous to that in the pharynx, described as rareficient dry catarrh of the pharynx (pharyngitis sicca) by Wendt in *Ziemssen's Cyclopædia*, and he believes that ozæna is "a constant symptom of that stage of chronic rhinitis, in which atrophy of the nasal mucous membrane has occurred, and in which, probably in consequence of the destruction of mucous glands, a diminution and alteration of the secretion takes place in such a way that the product of the latter remains, in consequence of its quick drying up, adherent to the mucous membrane, is not removed by the natural forces, and passes over into fetid decomposition." The remedy which the author recommends consists in the simple occlusion of the diseased part by means of a wadtampon (the part having generally been cleaned before), which is to remain about twenty-four hours in the nose. It does not give rise to any troublesome symptoms, the patients feeling, on the contrary, soon very much relieved by it. One side ought to be occluded only at the time, and the other within the next twenty-four hours, whilst the first remains free during that time. The author has obtained excellent results on fifteen patients thus treated within a very short time. —*London Medical Record—Monthly Abstract.*

THE TREATMENT OF URETHRITIS BY THE APPLICATION OF COLD.—(John A. Wyeth, in *Hosp. Gazette.*) I do not believe that this, "The German Method," is practiced so generally as it should be. After trying it in the following cases I can heartily commend it to the profession. The apparatus consists of a double catheter closed at the vesical end. At the other end there are two nozzles for attachment to the rubber tubes, one for the inlet and outlet currents. Each of these tubes is attached to a tin vessel holding about two quarts of water. The water is brought to between 80° and 40° F. by addition of ice. (It is not necessary to make it uncomfortably cold for the patient.) Having introduced the catheter, the tubes are attached, one of the vessels being elevated and the other set on the floor, and the stop cocks are turned on. If necessary to prolong the *sedus* the position of the vessels can be reversed and the water will flow back into the empty vessel. The application may last from one to ten minutes, as the peculiar character of the case may require.

Ten cases are detailed, in which this method was employed with uniform success, and this success has impressed the writer with the great value of the method. It is almost painless in its application, and more rapidly successful than any method he has yet tried.

VACCINATION AS A PREVENTIVE OF OTHER DISEASES THAN VARIOLA.—Among numerous interesting points in a report of a committee on vaccination and re-vaccination to the Medical Society of the County of Kings, New York, we find the statement that vaccination seems to exclude other diseases. In Würtemberg, during five years there were 325,646 births, of which number 208,822 were vaccinated. It has been assumed that three weeks is the average period during which the system is under the influence of the vaccine element. Of the number vaccinated, there were but 70 deaths during those three weeks, that is, one death in 3,000, while 35 would be the average number of deaths during the same number of weeks in children under one year. During the first three years the deaths would be 1,000, or 20 for the three weeks instead of *one*. Then, in children under one year, the death-rate, during the three weeks, is 35 times less than if the child were not under the influence of the vaccine, and under *three* years of age the average is *twenty* times less under similar circumstances.—*Cin. Lancet and Clinic.*

CLINICAL VALUE OF THE THERMOMETER IN ABDOMINAL AFFECTIONS—By Prof. Peter.—The physician may be called to a case of disease of the stomach; he finds no material proof of the existence of cancer, but he may feel intuitively that there is one. In such a case, the application of the thermometer, is of real importance. Being called in consultation by my distinguished confrère, M. Leudet (de Rouen) to the case of a man 52 years of age, percussion of the epigastrium, practiced *en dedolant*, showed certain points of dullness. Under these circumstances, I had recourse to the thermometer to clear up the obscurities of the diagnosis. In the epigastric depression the thermometer registered 37.5° (99.4° Fahr.); but it is known that the normal temperature of the epigastrium in the healthy individual is about 35.5° (about 96° Fahr.). In painless atonic dyspepsia the temperature remains unchanged. The result of my researches goes to show that the temperature in the vicinity of a cancerous lesion is elevated from 1° to 1.5° (centigrade) above the normal. This is not due to phlegmasia but to irritation. The fact is, in my opinion, significant. In simple gastralgia, there may be elevation of temperature, but it is ephemeral, and only lasts as long as the pain continues. This is a fact which appears to me to be worthy of remark, and which is interesting because it enables us to comprehend how, even in cancer, a cauterization of the epigastrium, resorted to opportunely, may dissipate the hyperæmia; to say nothing of the important diagnostic deductions derivable from this means.—*La France Méd.*

FORCI-PRESSURE.—Dr. L. S. Pilcher, (Proceedings of the Med. Society, Co. Kings, Jan. 1879,) reports favorably of the method adopted by M. Péan, surgeon of the Hospital Saint Louis, in Paris, to arrest hemorrhage in surgical operations. It consists in applying forceps, resembling somewhat ordinary polypus forceps, but with means of readily locking, to the bleeding vessel and permitting them to remain so long as may be required. The forceps are light, can be steadied by the dressing, and seem to cause no especial irritation or trouble.

The length of time during which the forceps should remain to secure permanent hæmastasis varies with size and location of the vessels, the state and constitution of the patient, etc. From small and superficial vessels they may be removed at the close of the operation, from larger ones within four or five days.

The advantages claimed for this method are: brevity of operation, few or no ligatures being required, no foreign body is left in the wound, cicatrization is promoted, and they may be used when ligature is impracticable.

TREATMENT BY MENTAL IMPRESSION.—Dr. J. P. Kingsley, (*St. Louis Clin. Record*, Jan. 1879,) presented at his clinic, a bright, intelligent, yet very nervous girl of eleven years. Her mother has for many years been in rather poor health and now suffers from carcinoma of the uterus. The girl complains of much pain in various parts of the body, especially in parts corresponding to the seat of pain in the mother. Now and for some time past she has suffered from intense pain in the forehead. The doctor applied the metal cure by placing a silver half dollar, which he happened to have in his pocket, over the seat of pain for ten minutes, and the patient affirmed that she had no pain. Three days after the patient returned and reported that she had not been so well for a year and a half as she had been since her previous visit.

This is a good illustration of the metal cure, of laying on of hands, pads, etc.

OVARIAN DYSPEPSIA.—J. Milner Fothergill: There is a form of dyspepsia combined with leucorrhœa, and commonly with menorrhagia, which depends upon morbid conditions of one or both ovaries. Experiments have shown that irritation of the sympathetic nerves of the stomach produces contraction of the gastric arterioles and defective secretion of gastric juice. In aggravated cases there is vomiting of a reflex character, as seen in the early months of pregnancy and in calculus of the kidney. This form of dyspepsia is very intractable, unless its causal relationship are remembered and borne in mind in the treatment. Blisters over the ovary with bromide of potassium, and sulphate of magnesia internally, are more effective than bismuth and dydrocyanic acid.

PRECOCITY.—Lefebore reports that at Oberpallen, in Luxembourg, a girl was born fully developed, menstruated at four years, and became pregnant at eight. Horatio Yates, Kingston, Ont., reports another case of a girl aged two years and three months, presenting all the external signs of womanhood and having menstruated for three months. She weighed forty-eight pounds.—*Canadian Journal of Medical Science.*

IODINE AS A DISINFECTANT.—Prof. Kletzinskly, of Vienna, advises as one of the best disinfectants in times of threatening epidemics the use of dry iodine to disinfect the air in our rooms. As much as ʒ ss. is sufficient for a whole month. To avoid poisoning it must not be laid within the reach of anybody, especially children.

ERGOT *vs.* LACTATION.—Dr. Russell (*American Med. Bi-Weekly*, Jan. 1879,) reports to the Bell Co. Med. Society, a case where the secretion of milk was entirely prevented by the use of ergot until the eighth day. Ten hours after the medicine was discontinued the secretion of milk was quite free, but was at once checked by the use of ergot again.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, APRIL 10, 1879. No. 7

Editorial.

ATHLETIC SPORTS.

The contests between professionals in rowing, wrestling, pedestrianism, etc., have, particularly during the past year or so, stirred up quite an interest throughout the country, and have produced quite a number of amateur imitators. The extent to which these athletic sports is practiced is sufficient to call the attention of the medical profession to them. While we regard the interest manifested in these things as a healthful indication, we cannot close our eyes to the dangers to which an indulgence is subject. Youth is given to excesses, and a wholesome restraint in the matter of athletic sports is as well-timed as it is in other directions. Professional athletism is physically, as well as morally, an evil, the only redeeming feature of which lies in the stimulus it has a tendency to give to physical culture in the community, for men are more wont to admire physical prowess than mental acumen, and it is well that it is so; for without strength of body, masculinity of mind is never found. The tendency of modern education, and especially in this country, is to the development of the mind to the neglect of the body. While such a system is favorable to production of that "cuteness" which is an American characteristic, it does not produce that robustness of intellect which always takes the lead. We can afford, therefore, not only to tolerate, but also to encourage the exhibitions of physical endurance and muscular activity which have been more than usually abundant lately, seeing that their evil physical effects at least, are confined to those who undertake them, and are willing to run the risk of the dangers incident thereto for the money and *eclat* which are the direct outcome. Such exhibitions, however, should not be held up as examples for emulation by the youth and young men of the country; they are useful only for the interest they excite in that which they are an abuse of.

A proper amount of physical exercise is necessary to bodily as well as mental health; this is a fact which goes without saying. When indulged in systematically, and with a view to bringing into play muscles which are but slightly worked in the ordinary avocations of life, and in those of sedentary habits and leisurely lives, exercise is undoubtedly a prophylactic against disease. Such exercise should be incorporated not only in the training of youth, irrespective of sex, but should be strongly recommended to all whose avocations do not call for much muscular exertion. Its effect is, moreover, salutary, in that it conduces to a healthful restraint to passion and appetites whose indulgence is fostered by lives of indolence. Every observer must have noticed the diminished power of self-control in those leading such lives, as well as in those who have been depressed by disease.

The danger arising from athletic sports lies in the physical exhaustion which follows an excessive indulgence in them. Natural pride has very often prevented the youth from submitting to his rival until compelled to give in from sheer exhaustion, and he has regretted his indiscretion for years, if not for the remainder of his life. The oarsman who breaks down in a race, or the pedestrian in a match, never fully recovers. This is a fact which it is the duty of medical men, as hygienists, to impress on the public mind.

A noteworthy fact is the influence which mental training has on muscle. The finest athletes are those whose attention has not been given solely to physical training. In the tests adopted in the British army this fact has been conspicuous. On the authority of the Duke of Cambridge, Viscount Bury, and Lord Cardwell, the men who now enter the army under these tests, while, for the most part, remarkable for their physical, are also remarkable for their high average intellectual qualifications. It is true, instances of great strength may be pointed out among those of low mental calibre, but that "staying" power which is the best evidence of a sound constitution, and which is of so much importance in the soldier, is found, under the tests adopted, to much the largest degree among those who exhibit evidences of mental training. The superior efficacy of an educated soldiery is therefore owing to other

causes than the intelligence which they bring to bear on the discharge of their duties. The Greeks combined great physical strength with great mental power, and, though it is usual to regard the latter as due to the former, it is more than probable that the relations of dependence were just the reverse. It has been well said, if you train a man's body only you make a magnificent brute; but train his body and mind and heart, and you have a magnificent specimen of humanity.

The Medical Bill.

The compromise Senate bill for regulating the practice of medicine in Michigan, as printed in a recent number of the NEWS, has, after a determined resistance by its opponents, and with a few unimportant amendments, passed the Senate by a vote of 19 to 10. It now remains for it to receive the sanction of the House, and we are glad to be able to report that its chances in that body are very favorable. Members of the Legislature with whom we have been in correspondence, and with whom we have conversed on the subject, are disposed to abide by such action as the physicians, who are members of the House, shall determine upon. These physicians are reputable men, and must know from experience the injustice to both the people and the profession, resulting from the lack of any law protecting the former from imposition and injury, and affording the latter the protection which properly belongs to it. We would, however, urge it upon our readers not to take the passage of the bill for granted. Quackery has brought some strong influence to bear against it, and a number of specious arguments are being plied. It behooves every true friend of medical progress in this State to exert himself once more in this matter. Let every physician write his representative at Lansing to cast his vote for the bill. A flood of such letters at this time would be most opportune. The bill will probably be reached within a few days and letters of this nature will have a wholesome effect in giving rigidity to moral vertebræ at the capital. A strong pull now and a pull altogether will redeem Michigan from the odium of quackery: Let it be made.

Miscellany.

Physician's Black List.

Editor Michigan Medical News:

Why not, in our coming meeting of the Michigan State Medical Society, adopt resolutions directing all members of medical societies to furnish their several secretaries a list of such of their patients as do not pay their doctor's bills?

I have long been of the opinion that a similar course should be pursued by all the regular organized medical societies in the country.

It would be far better, however, if the European system could be adopted, which is to receive the fee at each visit, or, at any rate, at the termination of the case.

It is an incontrovertible fact that physicians are more imposed upon by the people than any other class of professional men. I do not know why it is so, unless from a general impression that doctors are always rich, or getting rich. Consequently, if paid at all, are the last ones to be remembered when the time for paying bills comes.

J. L. VALADE, M. D.

NEWPORT, Mich.

A NOVEL APHRODISIAC.—Dr. D. F. Powell, in the *American Med. Bi-Weekly* of March 15th, 1879, reports a case in which an old married man, in consequence of chagrin at his own impotency—his wife having ridiculed him—attempted to stimulate his libidinous capabilities by inserting into the penis a head of timothy. The straw broke off, and left this new aphrodisiac within the meatus urinarius, where it induced very active inflammation. The old man, after trying many expedients to remove the difficulty, applied to the physician, who seemed for a time equally powerless, till at last he succeeded in passing a No. 8 gum catheter beyond the obstruction, and, by means of a Davidson syringe, injected a considerable quantity of warm water. The distention caused the patient to faint, and while in an unconscious state, the water, with external manipulations, forced the aphrodisiac out. The inflammation was duly subdued; but the doctor does not report whether or not the old gentleman became a wiser and better man.

Trichinæ Spiralis.

Editor Michigan Medical News:

The following correspondence may be of interest to some of your Michigan readers at least:

Ionia Mich., March 19, 1879.

Dr. Geo. Frothingham:

Dear Sir—Enclosed you will find a specimen which I would be pleased to have you examine for trichniæ.

The case was diagnosed as trichiniasis by Dr. Barnes, of this place.

The case, three and one-half years of age, from whom the specimen was taken, died two days ago, after an illness of about six weeks. Another of the same family, six and one-half years of age, has been sick the same length of time, but is doing well.

The smaller piece of muscle was taken from the gastrocnemius and the larger from the deltoid.

Please report the result of your examination, and oblige.

Yours most respectfully,

Dr. S. V. Romig.

Prof. Frothingham handed the letter and enclosed specimens to me and asked me to reply to Dr. Romig. The reply was as follows:

Dear Doctor—The letter you addressed to Dr. Frothingham was handed to me by him. I found in the letter two small pieces of muscle suspected of containing trichinæ.

The muscle was allowed to soak for twelve hours in distilled water, for it was very hard and dry. At the end of that time I teased out some small pieces and examined them with a three-fourths inch objective. The trichinæ were numerous and plain to be seen, so much so that the students in the laboratory saw them without any trouble.

I did not find *any* in the encysted state.

C. H. Stowell,
Physiological Laboratory, University of Michigan.

Jonah's Adventure Reversed. — Surgeon Dautra, *Indian Med. Gazette*, reports a case in which a fish, three inches in length and one in breadth, entered a man's mouth while swimming, and, the better to retain its position, secured a firm hold of the man's uvula. The fish was induced to relinquish its hold by grasping its head with forceps and pressing it from side to side, when it was easily removed. The man's mouth was lacerated by the fins, and the uvula was bitten—not torn, as would have been the case had the fish been forcibly removed by traction.

Prescribing Druggists.—The following pointed remarks on a crying evil, are from the pen of an Ohio physician. The practice complained of is one which can only be remedied by a harmony of action, the accomplishment of which we fear the profession will never come up to. The method of relief proposed has been tried in this city, but has never been persevered in sufficiently long to accomplish its object:

I read, with much interest, the remarks of Dr. Howell, of Goodrich, Mich., in your last issue, and wish to convey to him and to the profession, my sense of most emphatic and candid approval. Too long have we silently endured this flagrant outrage. Too long have we seen men, who, but for our patronage, could not keep their doors open a single week, pushing the sale of patent medicines by liberal advertising, and by the most reckless promises of the wondrous cures sure to follow their use.

But, bad as this is, there exists in many places deeper wrongs, which the profession should only need to know to cause them to show an unbroken front of opposition. Many druggists make a constant practice of themselves prescribing for all those who, from ignorance or stinginess, will give them an opportunity. We see "Bumstead on Venereal Diseases," and works on "Domestic Medicine" conspicuously displayed in their stores, as an advertisement of their willingness to thus recklessly assume the gravest responsibilities known in human affairs. And if their prescribing shall ever be successful, it is in consequence, not of their own ability or learning, but merely because, with thousands of good prescriptions from which to copy, they must be the veriest idiots if they did not occasionally stumble on the right thing.

But there is still another class of cases, which seem to me to be still more unjust than these. I refer to the practice of some druggists of making up compounds resembling the ordinary patent medicine, and thus adding the weight of their own *personal* reputation to all of the other means by which suffering humanity is duped into the belief that their medicines may be, with advantage, bought "ready-made," the same as their boots or their hats.

It is the practice of physicians, when

comfortable to the patient, and better adapted for applying the dressing. A roller bandage of cheese-cloth should be first applied, commencing at the ankle and extending it up to the umbilicus, being careful not to make any wrinkles or creases, as it is liable to cause after discomfort to the patient. Suspending the patient and making extension at the foot, we are ready for application of the plaster bandages, which have been soaking in warm water, a quantity of pulverized alum having been added for the purpose of assisting the plaster to harden more quickly. Squeezing out the refuse water from the bandage, we proceed to wind it around the leg, commencing at the ankle and extending it up to the umbilicus. After the application of three or four thicknesses, it is advisable to apply about three strips of perforated tin or zinc around the hip and one each side of the knee (this addition of the strips gives firmness to the dressing without increasing the weight), which are covered with the plaster-roller in the same manner as the others. In this case I have used five bandages, using care not to adjust it too closely to the perineum, as it is liable to produce excoriation and great discomfort. Continued extension I purpose to accomplish in another way, although we do this to a certain extent by the prominences of the knee below and the pelvic bones above. As you observe, now that the plaster is dry it fits like a glove, perfectly moulded to the contour of the leg and the body. The continued extension is maintained by lengthening the well leg by a thickened sole to the shoe, say two or three inches, either in the way of a cork sole, or by a steel plate attached by rods to the sole of the shoe. Now this elevated shoe and a pair of crutches are all that is necessary. By this means you keep the foot of the diseased leg from touching the ground, and prevent friction of the joint surfaces. The weight of the leg being the extension, and support of the body by the crutches the counter-extension, and with the aid of the plaster cast we have fulfilled all the mechanical indications. The constitutional indications are open air exercise, good nutritious diet, and something to assist digestion and assimilation. The latter I firmly believe I have accomplished (more especially where a constitutional diathesis exists in connection with the various joint troubles) by the use of the Trommer Extract of Malt.

LARGE-SIZED STRICTURES OF THE URETHRA.

CASE 2. J. H., aged 27, who has had gonorrhœa a number of times, the first time about seven or eight years ago. For the last attack, occurring two years ago, he, at the suggestion of a friend, used a strong injection of sulphate of copper, which set up an active urethritis together with a prostatitis. Since that time he has had more or less of a discharge accompanied with difficult urination. This condition of affairs continued (with occasional exacerbation of symptoms) up to a few weeks ago, since which, he tells us, he passes blood at times, and the urine contains a ropy sediment. Has great pain at every urination, which has become more frequent. The pain he refers at the end of the penis, and just behind the peno-scrotal fold, there is also a constant uneasiness in the lower abdominal region. The stream is only slightly tortuous, and of ordinary size. Without further examination I venture the statement that this man has one or more strictures of large calibre, and a certain amount of prostatitis and cystitis. We will now try to introduce an ordinary steel sound, a number 12 English or 22 F., which, you observe, I pass without much difficulty. Now this does not prove the absence of strictures, for a sound filling the natural calibre of the urethra may be passed and still there may be a stricture. To ascertain accurately if any coarctation of the urethra exists, it is necessary to have for exploration a set of bulbous steel sounds, such as I show you, ranging from No. 10 to 40 milimetres in circumference, made after the design of Dr. Otis. The normal size of an adult urethra ranges from 28 to 40 milimetres. I will now try to introduce a No. 26 F. which meets with resistance about ½ inch from the meatus, but with a little steady pressure it passes with a sort of jump, and with no further resistance until we come to the "cut off" muscle, a natural muscular contraction. Strictures are rarely found beyond the "cut off." In order to determine positively the existence of more strictures, I will incise with a probe-pointed bistoury this first stricture. I have done so and can readily pass a No. 36 F., but meet with resistance at one and a half inches from the meatus. This second stricture, you perceive, only admits a No. 30 F., and two inches further on meets with another contraction. The different modes of treating stricture we have not time to explain to-day. The method that we will pursue in this case is what is termed "*radical cure of stricture*," Otis' method. For this purpose I exhibit an instrument which I have devised, and have had made for me by Tiemann & Co., of New York. Closed, as you now see, it is a bulbous sound No. 22 F., and attached to the handle is an indicator ranging to 40 F. Turning the wheel at the end of the handle, you notice the separation of the bulb in the center by means of a sliding bar, and concealed in each half of the bulb is a knife which can be readily drawn back by pressing on this button near the indicator. This instrument, you perceive, serves the purpose of a bulbous exploring sound which can be increased from No. 22 F. to 40 F., a urethrometer, a dilator and a double urethrotome. As we purpose cutting these strictures, we will give this man ten grains of sulph. quin. in order that he may better stand the shock of the operation, and by continuance of it afterwards prevent urethral fever. I now introduce the instrument beyond the third stricture, and put it on the stretch up to a No. 36 F., the natural size of this urethra, and withdraw the

knives, being sure to cut all the cicatricial band, which I have done, and also the second stricture.

We pass readily a No. 36 F. through all these strictures and meet no resistance. The pain has not been severe, nor have we very much hemorrhage. Now we expect that by keeping these cuts open, at intervals of every two days by a full-sized sound, to effect a radical cure of these strictures. Nature dovetails in these slits in the stricture which have been made a new tissue, and at the same time absorption of the old stricture tissue takes place, and the bladder symptoms will disappear. This man we will present to you again, showing the result of the operation.

Fibroid Polyp of the Posterior Nares.

Removed March 5, 1879, by T. A. McGraw, M. D., Professor of Surgery, Detroit Medical College.

Reported by M. K. Ross, M. D., House Physician, Harper Hospital.

I bring before you to-day a case of recurrent fibroid polypus of the posterior nares, and while the patient is being anæsthetized I will give you a brief history of the case.

The patient, Frank J—, age 15, is the son of a farmer near Northville. He has never complained of any serious difficulty in breathing, but had noticed each year that he was obliged to breathe more and more through his mouth, causing excessive snoring at night, and he dates it from an attack of diphtheria eight years ago.

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Detroit, Mich.

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comfortable to the patient, and better adapted for applying the dressing. A roller bandage of cheese-cloth should be first applied, commencing at the ankle and extending it up to the umbilicus, being careful not to make any wrinkles or creases, as it is liable to cause after discomfort to the patient. Suspending the patient and making extension at the foot, we are ready for application of the plaster bandages, which have been soaking in warm water, a quantity of pulverized alum having been added for the purpose of assisting the plaster to harden more quickly. Squeezing out the refuse water from the bandage, we proceed to wind it around the leg, commencing at the ankle and extending it up to the umbilicus. After the application of three or four thicknesses, it is advisable to apply about three strips of perforated tin or zinc around the hip and one each side of the knee (this addition of the strips gives firmness to the dressing without increasing the weight), which are covered with the plaster-roller in the same manner as the others. In this case I have used five bandages, using care not to adjust it too closely to the perineum, as it is liable to produce excoriation and great discomfort. Continued extension I purpose to accomplish in another way, although we do this to a certain extent by the prominences of the knee below and the pelvic bones above. As you observe, now that the plaster is dry it fits like a glove, perfectly moulded to the contour of the leg and the body. The continued extension is maintained by lengthening the well leg by a thickened sole to the shoe, say two or three inches, either in the way of a cork sole, or by a steel plate attached by rods to the sole of the shoe. Now this elevated shoe and a pair of crutches are all that is necessary. By this means you keep the foot of the diseased leg from touching the ground, and prevent friction of the joint surfaces. The weight of the leg being the extension, and support of the body by the crutches the counter-extension, and with the aid of the plaster cast we have fulfilled all the mechanical indications. The constitutional indications are open air exercise, good nutritious diet, and something to assist digestion and assimilation. The latter I firmly believe I have accomplished (more especially where a constitutional diathesis exists in connection with the various joint troubles) by the use of the Trommer Extract of Malt.

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truded as before. I ordered the mother to wash the prolapsed rectum with a decoction of tannic acid, which she faithfully carried out until August 19th, when I saw the child again. There was no improvement. I now gave her drop doses of tincture of nux vomica every three hours, which was continued for more than a week without any perceptible alteration. On September 2d, I began to treat her with drop doses of tincture of aloes every two hours, with marked benefit in the course of two days. She continued to improve under the medicine, the bowel returned to its normal condition and remained so.

Remarks.—It is hardly incumbent on me to say anything concerning the therapeutic action of aloes, for it is well known to have a special affinity for the lower portion of the alimentary tract. Wedekind and Phillips hold the opinion, which was confirmed by the researches of Rutherford and Vignal, that it also possesses a cholagogue action. In the above case, however, it was not employed with a view of obtaining its hepatic action, but principally for its influence on the lower bowel, and I think that it has, in the manner above indicated, conferred a healthy tone on the relaxed muscular coat of the rectum. Not every case of prolapsus ani, however, can be intrusted to the curative action of aloes, but I think its failure can be accounted for from the fact that the relaxation of the bowel extending further up than its own influence, and such cases often yield to its combination with nux vomica, or to the latter alone, whose sphere of decided action at least reaches above that of aloes. I think the reason for the shortcoming of nux vomica in this case was due to the fact that the lesion was principally confined to the extremity of the bowel. That nux vomica will not fail when the proper conditions are present is evident from the following case :

TINCTURE OF NUX VOMICA IN PROLAPSUS ANI.—D. S , aged two years and four months, became subject to diarrhœa in the early part of the present summer, and I was summoned to see her August 20th, 1878. The number of stools amounted to as many as five or six during the day, and also became somewhat bloody. I treated her with opium, ipecacuanha, magnesia, and tannin, without much decided benefit to the diarrhœa, and to complicate matters the bowel began to protrude. On Septem ber 1st, I began to treat her with half drop doses of tincture of nux vomica every half hour, and in a few days both the diarrhœa and the prolapsus improved. In a few days after the bowel was well and the diarrhœa had ceased, the medicine was neglected and the mother fed the child with some apples, which brought on both disorders again. I ordered the medicine to be renewed, and with the same beneficial result as before.

October 7th.—Continues well.

Remarks.—In nux vomica we find an agent which has an undoubted action on the nerves of the intestinal canal, and in this manner influences its muscular coat, and we have reason for believing, from the persistent irritation and diarrhœa, that that part of the alimentary canal which is comprised by the large bowel was involved in the case. Aloes would certainly have had a beneficial action on the rectum, but it is exceedingly improbable that it would have relieved the whole trouble.

TINCTURE OF CANTHARIDES IN IRRITABLE BLADDER.—Mrs. P., aged about twenty-seven, primipara, pregnant about four months and a half, consulted me September 15th, 1878, on account of an incessant pain in the region of the bladder, accompanied by a continuous desire to pass water. She says that she is compelled to get up as often as a dozen times during one night to urinate, and that she is in misery both day and night. She refers her pain directly to the neck of the bladder. I gave her morphia, bicarbonate of soda, etc., and applied hot flaxseed poultices to the seat of pain without any decided relief. On the morning of September 27th, I began to give her drop doses of tincture of cantharides in a teaspoonful of water every hour and a half. She soon began to improve, and the following night she only passed water twice. Last night (September 28th) she only urinated once. The pain and irritability subsided altogether under the influence of the medicine.

TINCTURE OF CANTHARIDES IN INCONTINENCE OF URINE.—W. R., (October 11th, 1878), aged four years, has been troubled with incontinence of urine for the last two or three months, his water escaping almost every night. Gave him one drop of tincture of cantharides morning and evening with great relief.

Remarks.—Among the specific effects of cantharides is its action on the mucous membrane of the urinary passages, especially on the bladder and its neck—causing violent tenesmus and strangury in that organ in large doses. In case III., it undoubtedly removed the existing irritability in the bladder by the method which we saw such agents possess in relieving inflammation (for irritability is but removed a step from inflammation) by well regulated stimulation. In case IV., this agent, by its stimulant action, infuses a more healthy tone into the contractile structure of the neck of the bladder, and thus enabled it to prevent any further involuntary escape of the urine.

FLUID EXTRACT OF BRYONIA IN SUB-ACUTE PLEURISY.—On September 2d, 1878, I was called in to see T. D., aged fifty-five, who suffered with a severe and sharp lancinating pain in both sides of the chest. He is unable to take a long breath on account of the intense pain which is occasioned by such an act. Pulse, 110; Skin hot and dry. I learn that some years ago he was subject to what he calls pleurisy, and on examination I find pleural friction in both mammary regions of the chest. I applied a tight

bandage around his chest, and gave him one drop of fluid extract bryonia every half hour in half a teaspoonful of water.

September 3d —Saw the patient again this morning, and found his condition very much improved. He is now able to sit up in bed, and can take a long breath without much inconvenience. Continued same treatment.

September 4th.—Discharged him. I also ordered him to take plenty of milk and other nourishing fluid food.

Remarks.—It is well attested by all those who have made physiological experiments, or who have used it therapeutically, that bryonia has a marked specific action on the serous membranes of the body, notably so on the pleural surfaces. Phillips says that it will cause "fatal pleurisy with fibrinous effusion"; and of its therapeutic value he says that in pericarditis and pleurisy "it fully equals any remedy that exists." Hughes says that "no poison affects the serous membranes so certainly and powerfully as bryonia." I have seen similar excellent results in other cases of pleurisy, as well as in peritonitis, although my observation leads me to think that it is perhaps more efficacious in the former than in the latter disease.

FLUID EXTRACT OF PODOPHYLLIN IN CLAYEY STOOLS OF INFANTILE DIARRHŒA.—To-day (September 1, 1878) I saw T. D., aged fifteen months, a convalescent from a severe attack of cholera infantum, who is still subject to diarrhœa. His evacuations number five or six during the twenty-four hours, and are of a grayish-white color, resembling light clay. His diet consists of milk, barley-water, beef tea, and cod-liver-oil emulsion. He is very much emaciated. I gave him half drop doses of fluid extract podophyllin every two hours in half a teaspoonful of water. Saw him again on September 3d, and the mother reports that his stools are changed to a more healthy color and consistency, and that he has only had three stools within the last forty hours.

September 6th.—Still improving.

September 12th.—Discharged well.

Remarks.—I think there can be no doubt that the clayey stools of this patient were the result of an inactive liver, and that as soon as the podophillin, which is now well known to be a powerful cholagogue, stimulated this organ to its wonted activity, the stools assumed their healthy color and consistency.

FLUID EXTRACT OF HAMAMELIS IN INTERNAL HÆMORRHOIDS.—E. W., miner, aged———, came to me on the morning of October 16, 1878, and consulted me concerning bleeding piles, which have troubled him off and on for seven years. He had been under my care before for the same disease. He says he is in great pain, which extends from the anus up on the left side of the spine as far as the top of the pelvis, and that he loses as much as half a teacupful of blood at each evacuation of the bowel. He looks haggard, and walks in a stooped position, saying that he cannot stand erect on account of the pain in his back. I gave him one drop of fluid extract of hamamelis every hour in half a teaspoonful of water.

October 17th.—Saw him again, and he reports that he is somewhat better; the pain in the back is relieved very much, but he still loses some blood at stool. The hæmorrhage is not so profuse, however, as it was before he took the medicine. Continued the same treatment.

October 18th.—He now reports himself improved in every way; less blood in stools, and no pain at all in the back.

October 19th.—He is well, and says that he never got over any attack so quick as he did at this time.

Remarks.—This American remedy controls the vascular mechanism in a manner similar to digitalis, its action, however, being confined more exclusively to the venous circulation. Dr. Ringer says: "It is very highly recommended in piles, both to check the bleeding and to cure the diseased veins; and I have found it singularly successful and prompt in arresting this form of bleeding, even when amounting to half a pint a day, repeated almost daily for months or years. It should be employed either as a lotion, injection, or cerate in piles, as well as by the mouth. It has been recommended in varicocele; and one case I have seen in which, during the employment of this drug, the varicosities entirely and apparently permanently disappeared." My excellent friend Dr. E. R. Mayer, in his essay on "Specific Medication," says that "Hamamelis Virginica certainly has a specific action upon the venous system, and is, independently of its content of tannic acid, an astringent and tonic to weakened, engorged, and dilated veins, to venous sinuses or capillaries, and a rarely failing remedy for all the passive hæmorrhages . . . . In bleeding piles its good effects are most marked. Its continued use in small doses will also frequently cause the largest hæmorrhoids to contract and to disappear, if great infiltration and thickening of the cellular tissue have not occurred. In these cases, the local use of the decoction, or of an ointment or poultice of the medicine, adds much to the success of the treatment."

SULPHATE OF ATROPIA IN HYDROSIS.—July 31, 1877.—G. L., aged nine months, has been troubled with profuse perspiration about the head, neck, and shoulders for the last two months. The sweat is cold and appears in large drops, and mostly occurs during sleep or upon the slightest exertion, as crying, for instance. The sweating is so excessive that she literally saturates everything under her head, and the nurse informs me that it is necessary to change the pillow three and four times during one night in order to keep her dry. She is pale and emaciated. I prescribed for her 1-300 of a grain of sulphate of atropia once a day or every other day as the case demanded, and the sweating ceased forthwith.

Remarks.—I think it is now definitely settled that atropia in small doses has the power of reducing the calibre of the capillary blood vessels; and, by thus diminishing the circulation of the skin, it promotes a more active blood-flow through this organ, and restrains the loss of the watery constituents of the blood. Many other similar cases of special therapeutic action in diseases of other structures of the body could be given, but I think these will suffice to illustrate the object of my paper.

Formulary.

Mixtures for Diseases of the Respiratory Organs.

We copy the following formulæ from the *Hospital Gazette*. They are standard prescriptions used in the public institutions of New York. The abbreviations used are O. D. P. (Out-Door Department of Bellevue Hospital); Inf. H. (Infants' Hospital); H. I. H. (Hart's Island Hospital); B. H. (Bellevue Hospital); C. H. (Charity Hospital); Ins. As. (Insane Asylum):

COUGH MIXTURE, (O. D. P.)—

℞ Syr. tolut.
Syr. pruni virg.
Tinct. hyoscyami.
Spts. ætheris co.
Aquæ. } ää fl. ℥ 1

Mix. Dose, a teaspoonful.—*Dr. Janeway.*

COUGH MIXTURE FOR ADULTS, (Inf. H.)—

℞ Ammonii chloridi		ʒ 1
Spts. ætheris co	fl.	ʒ 6
Syr. pruni virg	fl.	℥ 2
Aquæ q. s. ad	fl.	ʒ 4

Mix. Dose, a teaspoonful.

COUGH MIXTURE FOR INFANTS, (Inf. H.)—

℞ Tinct. opii camph		
Spts. ammon. arom	ää fl.	℥ 1
Ext. ipecac. fl.	fl.	ʒ ½
Syr. pruni virgin	fl.	℥ 1
Aquæ q. s. ad	fl.	℥ 3

Mix. Dose, a teaspoonful.

EMULSIO EXPECTORANS, (H. I. H.)—

℞ Morphiæ sulph	grs.	16
Syr. scillæ		
Syr. ipecac	ää fl.	℥ 16
Syr. tolut.		
Syr. pruni virg	ää fl.	℥ 12
Tr. benz. co		
Tr. sanguinariæ	ää fl.	℥ 4
Aquæ	fl.	℥ 6

Mix. Dose, a teaspoonful.

MIST. AMMONII CARBONATIS, (O. D. P.)—

℞ Ammonii carbonat		ʒ ½
Syr. senegæ	fl.	ʒ 4
Syr. ipecac	fl.	ʒ 2
Syr. tolut.	fl.	ʒ 4
Ext. glycyrrh		ʒ ½
Aquæ cinnam. q. s. ad	fl.	℥ 4

Mix. Dose, a teaspoonful for children.—*Dr. Bosley.*

MIST. AMMONII CHLORIDI, (O. D. P.)—

℞ Ammonii chloridi	ʒ	½
Potassii chlorat	grs	40
Syr. senegæ	fl.	ʒ 4
Syr. ipecac	fl.	ʒ 3
Syr. tolut	fl.	ʒ 5
Ext. glycyrrhizæ	ʒ	1
Aquæ cinnam. q. s. ad	fl.	℥ 4

Mix. Dose, a teaspoonful for children.—*Dr. Bosley.*

MIST. ACIDI HYDROBROMICI.—

℞ Acid hybrobrom. dil. (34.%)	fl.	ʒ ½
Spts. chloroformi	m.	20
Syr. scillæ	fl.	ʒ 1
Aquæ q. s. ad	fl.	℥ 1

Mix. Dose, to be taken twice or thrice daily for colds.

MISTURA "ASTHMATICA," (B. H., C. H.)—

℞ Spiritus æther. co.
Liquor. morph. sulph. (U. S.). ää fl. ℥ 1

Mix Dose, from one teaspoonful to a tablespoonful.

MISTURA "BRONCHI" (O. D. P.)—

℞ Ammonii carbon	grs.	10
Syr. ipecac	fl.	ʒ 1½
Tinct. opii camph	fl.	ʒ 1
Syr. pruni virg	fl.	ʒ ½
Aquæ q. s. ad	fl.	℥ 2

Mix. Dose, a teaspoonful for chiidren.—*Dr. Robinson.*

MIST. EXPECTORANS, (C. H.)—

℞ Tinct. sanguinar	fl.	ʒ 1
Tinct. opii camph		
Syr. scillæ		
Syr. tolut	ää fl.	ʒ 2
Aquæ q. s. ad	fl.	℥ 2

Mix. Dose, a teaspoonful.

MIST. EXPECTORANS, (Ins. As.)—

℞ Spts. ætheris co.
Syr. ipecac.
Tinct. opii camph.
Aquæ. } ää b. e.

Mix. Dose, a teaspoonful.

MIST. EXPECTORANS, (O. D. P.)—

℞ Syr. scillæ co		
Syr. ipecac	ää fl.	℥ 1
Syrupi	fl.	ʒ 1

Mix. Dose, a teaspoonful for children. —*Dr. Swezey.*

MIST. EXPECT. FOR CHILDREN, (O. D. P.)—

℞ Syr. Senegæ.
Syr. pruni virg.
Acaciæ. ää fl. ℥ 1

Mix. Dose, a teaspoonful.—*Dr. Holgate.*

MIST. EXPECTORANS, (O. D. P.)—

℞ Ammon. carbon	grs.	16
Ext. scilliæ fl		
Ext. senegæ fl		
Tinct. tolut	ää fl.	ʒ 2
Aquæ	fl.	℥ ½
Syrupi q. s. ad	fl.	ʒ 2

Mix. Dose, a teaspoonful.

MIST. EXPECTORANS, (*Stoke's.*)—

℞ Ammonii carbon	grs.	32
Ext. senegæ fl		
Ext. scillæ fl	ää fl.	ʒ 1
Tinct. opii camph	fl.	ʒ 6
Aquæ	fl.	℥ ½
Syr. tolut. q. s. ad	fl.	℥ 4

Mix. Dose, a teaspoonful.

ICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

II. DETROIT, APRIL 25, 1879. No. 8

Editorial.

THE OPPORTUNITY.

meeting of the American Medical Col-
at Atlanta next week is an opportunity
in its possibilities for advancing the
ter and attainments, and, consequent-
enlarging the influence and strength
the position of the physicians of the
generation. It is an opportunity the
which may not soon again offer, and
it not to be lost or lessened either by
rence on the one hand, or by ill-judged
sdirected zeal on the other. The pur-
, if possible, "to adopt some uniform
of instruction more in harmony with
uirements of the age," and, as a means
end, the question is to be submitted
r the Colleges shall require attend-
pon three regular courses of lectures
three separate years before students
admitted to the doctorate. This
n is simple and straightforward, and
not handicapped with useless and ir-
t details it ought to carry. The pro-
is really in advance of the schools on
portant matter, and the demand is
up from all quarters for the better
on, and, therefore, for higher attain-
f those entering our ranks. In the
on, it should be kept in mind that
no inherent difference between medi-
any other technical education which
or any different method in teach-
his, in the past, has been an assump-
t openly made, it is true, yet evident-
rlying much of the opinion and all of
tice) which has been productive only
hief and confusion. The medical
like any other, should be trained by
methods, and his studies should be
p in their natural and progressive
The reason of the illogical methods
ast is historical, and arose out of the
es which called for the establish-
ment of medical schools in this country and the inadequate facilities for providing and equipping them. But these conditions no longer obtain, and there is, therefore, no longer any excuse or justification for clinging to the imperfect methods of the past.

Another point that may well be made is that before the student is admitted to the technical study of medicine he should receive a broader education than hitherto, embracing, at least, the rudiments of the physical sciences, for the medicine of to-day is based upon and takes in, to a greater or less extent, all of the physical sciences. The influence of such preliminary training in securing a logical habit both of study and of thought cannot be over-estimated, and herein, perhaps, lies the most serious objection to the present method of medical teaching, that it is a mere stuffing process, whose tendency is simply to overload the memory with ill-assorted materials, and in no way to develop or strengthen the higher and more serviceable mental activities. All this can be obviated by taking more time to the work and arranging it in its logical and progressive order. Three years is little enough, and this time will be better spent in the daily and systematic discipline of collegiate drill than in the desultory and, too often, inappropriate work of a doctor's office. The leading colleges of the country can enforce this plan with safety. Competition from the smaller schools will be adduced as an argument against it, but this fear need not deter them, for they will suffer no more from it than do Harvard, and Yale, and Princeton and the University of Michigan, from the scores and the hundreds of the so-called colleges and universities scattered over the land. The strongest and best schools will command the patronage and secure the best and strongest material in the shape of students; and in the survival of the fittest will be found the justification for the advance. We, therefore,

earnestly hope that the convention will agree upon this general plan, and we are sure that our own University will not be behindhand in the glorious work. E. S. D.

Copyrighted Names of Medicines.

The acknowledged fountain of ethics for the guidance of the profession of this country is the American Medical Association. The code promulgated by that body is recognized as the guide to the correct deportment of physicians among themselves, to their patients and to those with whom they have professional or semi-professional relations. It is a venerable document, and is entitled to all the respect due age. It has come down to us unaltered since its birth, over a third of a century ago. Occasionally, there have been heard murmurings, not loud but deep, against some of its dicta, and three years ago a president of the Association which originated it, took unequivocal ground against some of its provisions. Notwithstanding these murmurings, however, the Association has been too jealous of any tampering with the instrument, to permit any alteration. At the approaching meeting of the Association, it is true, certain amendments, proposed at the last meeting, will be acted on, but as these may be regarded as explanatory of existing articles which have received a diversity of interpretations, their consideration will, of course, be permitted.

We desire, more particularly at this time, to refer to the position of the code on the question of medicines whose names are copyrighted. It is but fair to presume that when the articles bearing on this question were written the advancement which has characterized pharmacy during the past decade were not contemplated. These advancements, moreover, would probably not have been made had the provisions of the code been strictly conformed to. Had physicians professing allegiance to the code regarded either its letter or its spirit, many of the pharmacal products which they have endorsed, and which have in turn proven of so much service in their hands, would have disappeared from the market from sheer lack of support. It is notorious that the injunctions against the use of medicines, the manufacture and sale of which are not freely open to competition, are regarded by the great bulk of the profession as more highly honored in their breach than in their observance. It is scarcely possible to pick up a medical journal without noticing the advertisement of some medicine, to all intents and purposes a patent medicine, which is endorsed by the certificates of men against whose professional standing no one has ever dared breath a suspicion, men high in the councils of the American Medical Association itself. Now, it is very safe to assume that any custom which has the sanction of the most reputable portion of society is correct. In fact, all law should be but the expression of reputable citizens on the subject legislated on, and any statute which is not such an expression, is wrong and will always remain a dead letter on the books. Times change and we change with them. That which is right in one age is wrong in another. The blue laws of Massachusetts were doubtless unobjectionable when they were enacted, but they would be a reproach to the enlightenment of to-day, and though many of them may not have been formally repealed, it is never attempted to enforce them. These general rules apply to nothing more pointedly than to the case in hand. There have been changes in medical matters since the code was written, and it goes without saying, that a law which, like that of the Medes and Persians, never changes, is an absurd law for the government of a progressive profession. The restrictions regarding inventions in surgical appliances and pharmacal preparations are out of keeping with the spirit of the age, and it is creditable to the intelligence of the profession that they are daily and hourly disregarded. An attempt was made a few years ago to have the code revised, but the influence of certain fossils in the Association defeated it.

As the moral effect of a dead-letter law is bad as applied to society, so is it unwise to retain in the code articles which are not only disregarded, but openly ridiculed by the

leading minds in the profession. There are many reasons why these articles are wrong, but we do not propose to discuss them now. It is sufficient to know that they are pronounced wrong by their very general violation, and the profession owes it to itself to have them repealed. An effort toward such repeal will be made at the approaching meeting of the Association at Atlanta, and we trust that the younger and more progressive members will give the movement their support. We ask it in the interests not only of consistency, but of true progress.

For list of remittances for the month ending April 23d, see advertising page VII.

Miscellany.

Capsicum as a Remedy for Myopia.—Some of the world's greatest discoveries are the result of sheer accident. A Cincinnati female, a Miss Taffe—a very suggestive name, by the way, in view of what she has given us—had some difference of opinion with a man named Cook. Failing to convince with words, she threw a package of powdered Cayenne pepper into her antagonist's face and eyes, by way of a conclusive argument. Cook was naturally very much moved by this line of reasoning, but when he had mastered his emotion and partially dried his tears, he thought it necessary, like Asa, of old, to seek a physician, after which he took out a warrant for Taffe's arrest, on a charge of assault and battery. Before the case came to a hearing, however, he discovered that whereas, before his *recontre* with the female, he was painfully myopic, he now, as a result, doubtless, of the stimulating effects of the capsicum, had vision long enough for a political almanac maker. The knowledge of this coming to Taffe, she commenced action against him for oculist's fee, laying her claim at the nominal sum of $5,000. As the extent of the law is only $100 for assault and battery, and as a jury would "hardly ever" award less than $500 as a fee for the important cure effected, the chances are that the female will make some money.

Of course there is an evident moral here, but we have nothing to do with that. Our interest in the case is purely scientific, and we should like one of our ophthalmologists to explain the *modus operandi* of the Cayenne pepper.

Prof. E. W. Jenks.—Prof. E. W. Jenks, of the Detroit Medical College, has accepted an appointment to the chair of Medical and Surgical Diseases of Women and Clinical Gynæcology in the Chicago Medical College. During the past year, a similar position has been offered him in no fewer than three of the leading medical colleges of this country, and his conclusion to go to Chicago is the result of mature deliberation. While congratulating Dr. Jenks on this advancement, we cannot but regret the removal from our midst which his appointment will necessitate. During his residence of fifteen years in this city, Dr. Jenks, besides establishing a national reputation in his specialty, has not been "without honor in his own country," but has, by his uniformly courteous demeanor and his scholarly attainments, won the respect and admiration of the profession of this city. In leaving for his new and enlarged field of labor he will carry with him the kindest regards and the best wishes of all with whom he has had either professional or social relations. Few men remove from a place and leave as few enemies behind them. Dr. Jenks is in the prime of life, and we sincerely hope that health and days may be continued him, to develop the possibilities of an able mind. He will remove to Chicago about October 1st. It has not yet transpired who is to be his successor in the Detroit Medical College.

Livingston County Medical Association.—The regular meeting of the association was held at Fowlerville on Wednesday, the 19th of March. There were fourteen members of the society in attendance, the numbers and spirit of the meeting indicating an excellent interest in the success and prosperity of the association, a fact better appreciated in view of the slight discord and unpleasantness growing out of an alleged violation of the code of ethics on the part of one of its members. The following charges were preferred at the last annual meeting, in June, 1878, by Dr. C. V. Beebe against Dr. Wm. L. Wells:

First. Assisting in holding a *post mortem* examination with a homœopath.

Second. For using a secret remedy, called "The Brewer Cancer Remedy."

Third. For using profane and sarcastic language about the association and its members.

Fourth. For trying to obtain a patient from a medical brother, by offering to bet money that he (Wells) could cure the patient.

All of which, at said annual meeting' were referred to a special committee for investigation and adjudication. This committee made their report at the Fowlerville meeting, declaring that the charges were not sustained. Appeal being taken by Dr. Beebe from the report of the special committee, the association immediately resolved itself into committee of the whole, and proceeded to read the testimony, which consited of documentary affidavits, concluding which the parties were allowed fifteen minutes each to sum up their evidence. The contestauts then retired, whereupon the association, after due deliberation, sustained, by ballot, the action of the special committee by a vote of eight to one, only ten members being present at the time the vote was taken —one not voting. Thus, quietly, firmly, and in admirable order was this unhappy affair determined.

The association resumed the regular order of business, listened to two valuable and interesting papers, one on "The Philosophy of Taking Colds," by Dr. C. B. Wiley, of Brighton, and one on "The Claims of the Regular Profession," by Dr. Henry P. Seymour, of Byron.

Drs. William Caldwell, of Byron, and Jas. A. Brown, of Fowlerville, were elected delegates to the American Medical Association, to be held at Atlanta, Ga., on the 6th of May, 1879.

The association then adjourned, to meet on the third Wednesday of June, at Howell.

R. C. Hutton, M. D., Sec'y.

Yellow Fever on U. S. Steamer Plymouth.—The Surgeon General of the U. S. Navy, has furnished the following facts in regard to the recent outbreak of yellow fever on the U. S. steamer "Plymouth:" On November 7th, last, four cases of yellow fever occurred on board the vessel, while lying in the harbor of Santa Cruz. These were removed to the hospital on shore, and the ship sailed for Norfolk. Three mild cases occurred during the voyage, and the "Plymouth" was ordered to Portsmouth, N. H., thence to Boston. At the latter port everything was removed from the ship, and all parts of the interior freely exposed to a temperature which frequently fell below zero, the exposure continuing for more than a month. During this time, the water in the tanks, bilges and in vessels placed in the storerooms, was frozen. One hundred pounds of sulphur was burned below decks; this fumigation continuing for two days, and the berth decks, holds and storerooms were thoroughly whitewashed. On March 15th, the ship sailed from Boston, southward; on the 19th, during a severe gale, the hatches had to be battened down, and the berth deck became very close and damp. On the 23d, two men showed decided symptoms of yellow fever, and on the recommendation of the surgeon, the vessel was headed northward. The sick men were isolated, and measures adopted for improving the hygienic condition of the vessel and crew. The surgeon reported that he believed the infection to be confined to the hull of the ship, especially to the unsound wood about the berth deck, all the cases but one having occurred within a limited area; and that while the "Plymouth" is in good sanitary condition for service in temperate climates, should she be sent to a tropical station, probably no precautionary measures whatever would avail to prevent an outbreak of yellow fever.

A New Industry.—The "awful examples" of the effects of drunkenness held up to abhorrence by temperance advocates have, heretofore, usually been living. More recently, it appears that the aid of pathology has been sought to enforce habits of sobriety. The following note has been sent to the editor of the *Lancet* by a correspondent:

"Sir.—My attention has just been drawn to the enclosed advertisement in a paper called *Bazaar, Exchange and Mart*, of this day's date: 'First-class slice of drunkard's liver, also of healthy liver, for comparison, with explanatory remarks.

Post free, 3s. 2d., from Dr. —.'

Yours faithfully,

F. R. C. S."

The correspondent is shocked by this public barter of human viscera, but we should like to see the custom extended. We have seen specimens of "sclerosis of cheek" on the part of patients trying to dodge the payment of bills, which, properly mounted, could be made most effective as warnings to young and inexperienced doctors inclined to trustfulness.—*Phila. Med. Times.*

Longevity of Quakers.—In Great Britain and Ireland, during the last year, the Quakers had 282 deaths in a membership of 17,000, as follows: Under 1 year, 75; from 1 to 5 years, 18; from 5 to 20 years, 11; from 20 to 30 years, 19; from 30 to 40 years, 15; from 40 to 50 years, 11; from 50 to 60 years, 24; from 60 to 70 years, 46; from 70 to 80 years, 65; from 80 to 90 years, 53; from 90 to 100 years, 5; total, 282, or $16\frac{1}{17}$ per 1,000. This table, exhibiting the ages of those who died among the Quakers, is remarkable, not alone

on account of the low mortality, which was a little higher than in Detroit—15$\frac{27}{100}$ per 1,000—in 1878, but on account of the light mortality among infants, and the great number who lived to an advanced age. The number, 123, who had served their three score and ten years is excessively great, compared with similar tables. If age at death is any indication of the good general health of the people, the quiet, temperate life of the friend fully exemplifies the truthfulness of—

"Temperance, cleanliness and repose
Slam the door in the doctor's nose."

A PAIR OF FORCEPS IN THE BLADDER.—"J. M. F.," the London correspondent of the *American Practitioner*, tells the following, a reading of which will arouse perplexing conjectures as to how the instrument reached the viscus from which it was removed:

A lady went to a celebrated ovariotomist who successfully operated on her, removing an ovarian tumor. Four or five weeks later, the lady went to an equally celebrated lithotomist, with symptoms of stone in the bladder: the sound detecting a hard substance. The lady preferred being operated on again by the ovariotomist. The solid body was removed from the bladder. The ovariotomist took it to the lithotomist, saying: "It is not a stone." "Then it is a surgical instrument," was the confident reply. It was a *pair of forceps*. Unfortunately, the lady did not survivè the second operation. More may be heard of this case, as the lady promised her doctor, who took her to the ovariotomist in the first place, that if she survived she would marry him. The lady was rich, and her disappointed suitor is threatening legal vengeance in the shape of damages.

VACCINATION IN BROOKLYN.—Mayor Howell, of Brooklyn *Sanitarian*, has granted the Board of Health $5,000 to establish a vaccination corps for the year 1879, and three vaccinating surgeons have been appointed and placed under the direction of Inspector W. E. Griffiths, M. D.

The last fatal case of small-pox reported in the city was on May 30th, 1877, since which time very few cases have occurred. This is, therefore, a purely preventive measure, worthy of imitation in all our large cities. Even during an epidemic of small-pox, when many of the citizens are suffering —possibly dying—and trade is being driven to other towns, few cities have been found willing to grant an appropriation for the noble purpose. Small-pox, which prevailed in Brooklyn in 1875–6, cost the city and county for incidental and burial expenses of 926 poor persons who died of it, nearly $50,000. "The pecuniary cost of sickness and death to citizens not dependent on charity was probably twice as much, while the secondary cost to the city in widowhood, orphanage, pauperism, impaired trade and home production was many times more than all the other costs combined."

Book Notices.

A MANUAL OF EXAMINATION OF THE EYES.—A Course of Lectures delivered at the "Ecole Practique" by Dr. E. Landolt. Translated by Swan M. Burnett, M. D., Washington, D. C. Philadelphia: D. G. Brinton.

This "Manual" is an excellent statement of the most approved methods of examining eyes scientifically and systematically. The author tells us in the introduction "the temptation is very great to treat the subject we have chosen in a strictly scientific manner, for in this, in fact, consists its great charm and value. But there is another manner of considering it which is at the same time attractive, and which conforms more strictly to the objects you have in view. We shall therefore leave to physiologists the task of working out those problems which are purely scientific, and only occupy ourselves with those which are indispensable to our daily practice."

The author has succeeded charmingly in his undertaking, and it is to be hoped that the work will find its way into the library of all general practitioners of medicine, as from its perusal they cannot but glean much valuable information. The scope of the work may be inferred from the following division of the subjects considered: 1st. The objective general inspection of the eye. 2d. Examamination of the lids, conjunctiva, lachrymal passages, and all other portions of the organ accessible to the naked eye. 3d. Determination of the distance between the two eyes, their height and protrusion. 4th. The movements of the eyes, particularly in their relations to strabismus. 5th. Intra-ocular tension. 6th. Acuteness of vision. 7th. Refraction and accommodation. 8th. Perception of colors. 9th. Limits of the visual field and indirect vision. 10th. Ophthalmoscopy, including the examination of the dioptric media by means of oblique light.

The general make-up of the book reflects credit on the publishing house. E. S.

A CLINICAL TREATISE ON DISEASES OF THE LIVER. Vol. 2. By Dr. FRIED. THEOD. FREERICHS. New York: Wm. Wood & Co.

This is the April number of Wm. Wood & Co.'s subscription series, the first volume of the same work being the March number of the series. The third and last volume will appear as the May number. The three volumes will make the most thorough work on the liver extant.

LECTURES ON PRACTICAL SURGERY, by H. H. TOLAND, M. D. Professor of Surgery in the Medical Department of the University of California. Second edition, illustrated, 520 pp., 8 vo. Philadelphia: Lindsay & Blakiston. For sale by Arnold & Willyoung, Detroit.

This is a series of lectures as delivered by Prof. Toland to his class, and reported by a stenographer. A work composed in this way has the advantage of being practical as well as elementary, and is thus especially adapted to the student and the practitioner. The illustrations are for the great part original, being cuts of cases occurring in the author's own practice. There is nothing strikingly original in any of the operative procedures discussed, although old subjects and methods are presented in a pleasing and concise manner. The "therapeutics" of the work are such as have been found useful in the practice of the Pacific Coast, and differ in some respects from that laid down in many other works on surgery. The author evidently relies greatly on experiments and experience as crucial tests of methods, as well as of ability to apply methods. He says, speaking of the diagnosis in effusion into the abdominal cavity: "Wherever a doubt exists, use the exploring needle. It may not be necessary after twenty or thirty years' experience, without which no man can diagnose disease with unerring certainty." The latter assertion is, we think, open to criticism. Some very excellent diagnosticians have made themselves such with considerable less than a score of years' practice. But, of course, assertions like this are pardonable in an ex tempore lecture.

A MANUAL FOR THE PRACTICE OF SURGERY, by THOMAS BRYANT, F. R. C. S., Surgeon to and Lecturer on Surgery at Guy's Hospital, etc. With six hundred and seventy-two illustrations; pp. 945. Royal 8vo. Second American from the third revised and enlarged English edition. Philadelphia: Henry C. Lea. For sale by E. B. Smith & Co., Detroit.

The first thing that strikes one on taking up this book is its mechanical make-up. It is of about the shape and size of the Gray's Anatomy, by the same publisher, to which the profession requires no introduction. The paper, binding, illustrations, and especially the typography, are simply perfect and the book is an ornament to a book-case. It would be almost a work of supererogation for us to commend to our readers a work on surgery which, in these latter days of plenteousness of books, has, since 1872, passed through three editions. The text is written in terse English and is characterized by a positiveness of expression which gives one faith in its assertions. The author evidently does not believe implicitly in Listerism, *per se*, at least we should judge not from such expressions as the following: "As an observer, who has no prejudice for or against the practice, I confess that I can neither recognize the modesty of the assertion nor the true spirit of scientific surgery it breathes; I can see in it the spirit of the advocate and the enthusiast, but not the calm mind of the judicial surgeon." "Surgery, however, is unquestionably indebted to Mr. Lister for the introduction of his system, since it has proved that closer personal attention to cases and the observance of what were regarded as little things are of great importance; but our knowledge of nature's processes of repair, although great, is not enough to justify any surgeon in guaranteeing any special result, even in the simplest case; and the antiseptic treatment is not of such proved superiority as to justify any surgeon in claiming a control over its results, for that is what the power of guaranteeing means." The "germ theory" finds no advocate in Mr. Bryant. He favors Esmarck's bandage, but points out its danger. He treats fracture of the femur with the double splint, and claims that in thirty-one cases thus treated eighteen recovered without shortening.

On the whole, the book is one which should be read by, at least, the general practitioner.

LECTURE NOTES ON CHEMICAL PHYSIOLOGY AND PATHOLOGY, by VICTOR C. VAUGHAN, M. D., Ph. D., Lecturer on Medical Chemistry in the University of Michigan. Second edition, revised and enlarged; pp. 315.

The author of this little work modestly lays no claim to completeness, but gives it as a guide to the student who may pursue this branch of study. Although recognized authorities have been liberally consulted in its compilation, the book is, nevertheless, no mere compilation, but is to all intents and purposes an original work, the methods recommended having been verified by the author and the large classes of which he has had charge. It will prove a very valuable aid to students of physiological chemistry. The chapters on bile, blood and urine are specially full and exhaustive.

Paragraphs.

Latest advices from Bombay, Calcutta and Madras report the prevalence of fevers and small-pox, with numerous deaths, in those cities.

A western editor wishes no bodily harm to his subscribers, but he hopes some of them in arrears will be seized with the *remittent* fever.

A death certificate was recently shown the *Med. and Surg. Reporter* which read thus:

Name of deceased, Wight.
Color, do

Such sacrifice of orthography to conciseness wil hardly pass.

The latest and most wonderful cure effected by a new patent medicine was in the case of a boy who had swallowed a silver dollar. An hour after he had taken the medicine, he threw up the dollar, all in small change, principally five-cent pieces. The medicine was, probably, one of the patent alteratives which abound.

Oh! for a glance at the profession half a century hence, when man, enlightened and refined by education, and redeemed from the thraldom of ignorance and superstition, shall reflect more perfectly than he now does the image of his maker.—*Prof. S. D. Gross.*

Intravenous injection of milk was recently performed by Dr. Robert McDonnell, of Dublin, on a patient suffering from great exhaustion following typhoid fever. Ten ounces of freshly drawn milk from the cow were employed with much benefit.

An Odd Bequest: James Fischer, M. D., died at St. Louis, January 6th, 1879, leaving the following peculiar bequest: That his heart and brains, properly preserved in suitable vessels, and duly labeled, should be placed in the American Medical College for inspection, while his body was to be used for anatomical purposes.

Dr. Isaac Hays, of Philadelphia, died at his residence on the 13th inst. He was born in Philadelphia in 1796, and was therefore 83 years of age at the time of his death. He graduated in medicine at the University of Pennsylvania in 1820. In 1826 he became editor of the *American Journal of the Medical Sciences*, and was sole editor until 1860, when his son, Dr. J. Minis Hays, became associated with him. At the time of his death he was the oldest editor in continuous service in America, and probably in the world.

On the 10th inst., the medical friends of Dr. Samuel D. Gross gave him a dinner, and presented him with a gold medal, set with diamonds and brilliants, the occasion being the 51st anniversary of his entrance to the profession. Many distinguished medical gentlemen from different parts of the country were present, and congratulatory letters and dispatches were received from many more. The venerable gentleman's response to the toast offered in his honor was a singularly happy one.

Prof. Geo. B. Wood, of Philadelphia, died March 30th, in the 82d year of his age. He graduated in medicine in 1818, was appointed professor in 1822, and continued to teach for forty years. In 1833, he, with Dr. Bache, issued the *U. S. Dispensatory*, which has passed through thirteen editions, the last of which was in 1870. Over 150,000 copies of this work have been sold. His work on Practice of Medicine appeared in 1847, and passed through six editions. In 1856, he issued his well-known work, in two volumes, on Therapeutics and Pharmacology; it ran through three editions.

Professor (with his class in a French hospital) to patient—"What is your occupation?" Patient (who has pulmonary disease)—"Musician, sir." Professor to class—"There, gentlemen, at last I have the opportunity of demonstrating what I have often told you in the lecture-room, that the wear and tear on the respiratory tract, caused by the blowing of musical instruments, is a fertile source of just such difficulty as our patient here labors under." To patient—"What instrument do you play, sir?" Patient—"The bass drum, sir?"

Original Articles.

Polycystic Ovarian Tumor—Firm and Extensive Adhesions with Co-existing Peritonitis—Ovariotomy — Death in Five Hours from Shock.

BY EDWARD S. DUNSTER, M. D.,

Professor of Obstetrics and the Diseases of Women and Children in the University of Michigan, and in Dartmouth College.

At Clayton, Lenawee county, Michigan, on the 13th of July, 1877, in consultation with Dr. Rynd, of Adrian, and Dr. Chaffee, the attending physician, I saw Mrs. H., a lady forty years of age. She had borne one child, then nine years old, and had been in excellent health up to about eighteen months prior to my visit. At about that time there began an enlargement of the abdomen, not localized, and noticeable only in the fact that her clothes were tight; no lump or growth was observed, and but little attention was paid to it. The catamenia were undisturbed, and the health was not seriously affected. During the winter previous to my visit, however, the enlargement increased, and with it the catamenia ceased, giving rise to a suspicion of pregnancy. For some six months past, the health had failed materially. Loss of strength, but not of flesh, except a slight wasting about the face and neck, which had mostly occurred during the last three months. There had been several attacks of acute pain in the region of the abdomen, described as somewhat irregular and of a colicky character, and attended with considerable fever. Since the amenorrhœa had set in, the abdominal enlargement had increased greatly, so that the weight was burdensome, and for several weeks the urine had been growing scanty and dark colored, and at the time that I saw her there was almost total suppression. The patient had then been confined to her bed for a fortnight, and during this time the pulse and temperature were elevated, though no record of them had been kept. She had also during this time been in some pain, for which morphia in moderate amount had been administered, a single dose usually sufficing for an entire night. The bowels were irregularly constipated, and cathartics had, from time to time, been resorted to; tongue coated; appetite variable, and just then almost absent.

The patient had been seen by a number of physicians during the previous six months, and various diagnoses had been given, the prevailing one, shared in by the patient herself for some time, being pregnancy. It was also supposed to be abdominal

dropsy, from various causes, the suppression of the urine giving some color to the more recent opinions of kidney disease, as the cause of the ascites. Dr. Rynd, the consulting physician, was inclined to this view, but on account of the conflicting opinions and the decided obscurity of the case, he held his diagnosis in reserve, and asked that I should be called as additional counsel. I found her in the condition described, and with the history just given, which was very unsatisfactory as bearing on the mode and character of the abdominal enlargement. Lying on her back, the abdomen was symmetrically enlarged, somewhat flattened anteriorly and bulging well out on each side. Fluctuation, though obscure, was perceptible, more clearly marked on the left side, and extending a little beyond the median line to the right. It was also restricted to about two-thirds of the depth of the enlargement. The wave impulse did not pass clear across the abdomen, nor was it of the sharp character found with thin abdominal walls, and fluid (serum) loose in the cavity. The percussion sounds were flat all over the anterior portions of the abdomen and down to the flanks, except on the left side, where deep down, and especially by rolling the patient over on the opposite side, resonance, continuous upward, was elicited. In the right flank no such sound was noticeable. Superiorly across the abdomen, just below the diaphragm, similar resonance was discoverable, but nowhere was it clear and well defined. The abdominal walls could not be picked up, so tightly were they stretched, but obtaining the best hold possible, they felt as if bound down to some structure underneath, and were practically immovable. The veins on both sides were somewhat enlarged. No œdema either on abdomen or the limbs. *Per vaginam*, the cervix uteri was hard, situated high up and a little to the right side; the uterus immovable; no fluctuation perceptible, but the whole pelvic cavity, apparently, filled with a firm, though not solid mass pressing upon the roof of the vagina.

I felt quite assured that we had to deal with a cystic growth, probably ovarian in character; but desiring to fortify and complete the diagnosis, I plunged the exploring needle of an aspirator through the abdominal walls on the left side, where the fluctuation was most distinct. It passed to an unusual depth (three inches) before it met the resistance commonly felt in going through the sac of an ovarian tumor. The point of the canula then moved freely about in all directions, and thick fluid was at once drawn into the cylinder of the aspirator. The fluid was a dirty, pale chocolate color, and apparently, as was afterwards proved, it consisted very largely of pus. Twelve quarts, by measure, were drawn off, but all this did not come from the cavity first entered, for after this sac, which contained perhaps four-fifths of the whole amount, was evacuated, the tube was carried in other directions, and smaller amounts taken away. With the collapse of the abdominal wall following the withdrawal of the fluid, it was now possible to feel an immense mass filling up the cavity in all directions, and on the right side down from the region of the liver, the wall was clearly adherent to and dragging upon this growth. I had now no question whatever as to the character of the case, and did not hesitate to give a diagnosis of a polycystic ovarian tumor, adherent over all its right anterior surface, and probably, also, in other directions, and with probable inflammation of the cyst walls, this last point being based upon the character of the fluid, combined with the inflammatory symptoms above described. It turned out, however, that in this particular, the diagnosis was erroneous, for the recent inflammation was mostly confined to the peritoneum.

Both the patient and her husband asked that there should be no reservation or hesitancy in expressing my opinion, and accordingly they were made acquainted with the situation. She was told that the tumor would soon prove fatal, if left to itself, and that it was not possible to arrest its growth. The only alternative was its removal, and the dangers of an operation were stated, and she was informed that her case was not as favorable for an operation as very many ovarian tumors, but it was her only chance. I did not urge a resort to the operation, but the patient calmly and deliberately elected it, saying that she felt she could not live long in her present condition, and she was perfectly willing to take the chances. Accordingly, one week later, on the 20th, I performed the operation, in the presence of, and assisted by, Drs. Rynd and Todd, of Adrian; Dr. Smart, of Hudson; Drs. Alex. Maclean and King, of Ann Arbor; the attending physician, and several others from the vicinity whose names I cannot now recall. Her condition was somewhat better than at the time of the first visit. The removal of the pressure by the aspirator had restored the function of the kidneys, so that they were secreting freely. She was also in good spirits; had suffered some from pain, but had taken only one dose of morphia in each twenty-four hours, and had slept fairly well. Bowels were freely moved by a laxative on the morning of the operation, and gruel only allowed as diet that day.

The patient being fully etherized, an incision six inches in length was made on the median line from below the umbilicus downward. This great length was purposely adopted from the conviction that we had a tumor of large mass, and that it would be difficult, if not impossible, to remove it through a smaller opening. The abdominal walls were three inches deep with fat, and, on dividing the subperitoneal tissues carefully on a grooved director, the cyst walls were found adherent to the peritoneum. I managed, however, to effect a separation toward the left side (my right), so that I could pass in a steel sound. This moved freely only toward the left and superior part of the tumor; in all

other directions the adhesions were uniform and firm. With Spencer Well's trochar the largest cyst within reach was then tapped, and, as collapse occurred, the cyst's walls were lifted up with hooks, and, as far as possible, drawn out. The trochar was pushed successively through from one cyst to another, and thus great quantities of fluid, mostly similar to that obtained in the aspiration, were drawn off. No more large cysts being within reach, I then slit open the tumor, and introduced my hand within it, and broke up innumerable smaller cysts, and thus evacuated them through the main opening. Then, as the tumor began to emerge, the anterior and lateral adhesions were peeled up with the hand, thus allowing a larger part of the tumor to escape. and then, to my disgust, it was found that the adhesions extended all over the posterior and inferior portions of the tumor. These were cautiously and successively separated, and in the pelvis proved to be continuous over the posterior wall of the bladder, the uterus and the Douglas cul-de-sac. The pedicle being reached, it was found that the growth was from the left ovary. The pedicle was of fair length, containing no very large vessels, and it was ligated in two portions and cut. The solid mass, with the collected fluid, weighed forty pounds, so that the tumor and contents before the aspiration, a week previous, must have weighed at least sixty pounds.

On the removal of the tumor, the whole peritoneal surface was found covered with exudates, both old and recent, the latter being confined principally to the posterior and pelvic portions. There was much oozing of bloody serum, but no marked hæmorrhage. The cavity was carefully cleansed with sponges dipped in carbolized water, the whole operation being also done under the carbolic spray. The cavity was then freely exposed to the influence of the external air, and in several points where the oozing was most persistent *liq. ferri persulphatis* was applied with gentle pressure of the finger. An hour had thus passed, about forty minutes of which was occupied with the removal proper of the tumor, when I noticed an increasing pallor of the surface, and, turning to Dr. Todd, who was watching the pulse and respiration, he told me that the first was very feeble, and the respiration slowing. The ether was at once withdrawn and an enema of whisky was administered. The incision was then rapidly closed with the interrupted wire suture passed by means of Peaslee's needle, a curved drainage tube, plugged with antiseptic cotton, being stitched into the lower angle of the wound. The usual external dressings of adhesive plaster, sheet cotton, and the flannel binder, were then applied. Although this occupied but a few minutes, the patient was evidently sinking; and restoratives of friction, heat, etc., with a hypodermic injection of brandy, was resorted to. They seemed to be of no value, for breathing soon afterward ceased, and, as the heart was still beating, artificial respiration was tried. This did better service, but when it was intermitted the breathing would at once stop. Hypodermic injections of ammonia were also used. I then directed the lower end of the table to be elevated so that the body, with the head downward, was at an angle of 45° to the horizon—after Nélaton's method for restoration of a patient from chloroform narcosis. This procedure proved successful; the breathing became regular; the natural flush returned to the face and surface of the body; the pulse was again perceptible at the wrist, and consciousness was restored. After a short time the table was lowered, and the body thus brought into the horizontal position, but not more than twenty minutes had elapsed, when the pulse began to weaken, pallor supervened, and all signs of collapse reappeared. Again the patient was put in position, with the head downward, and again she responded to this treatment, all the while restoratives of various kinds being applied. After a time we ventured to put her back into the horizontal position, and then, with another delay, there was a repetition of the same scene. Position was again resumed, but the patient was evidently growing weaker, until at the end of four hours from the completion of the operation, during the most of which time she was kept in the head-downward position, she was dead. She was but slightly conscious during all this time.

Death was attributed to the shock of the operation, though, of course, the question naturally intrudes itself, was not the anæsthetic responsible for a part? This question it is impossible to answer with any satisfaction. Squibb's ether was the anæsthetic used, but I do not claim, even for ether, an absolute immunity from danger, though relatively it is vastly less dangerous than chloroform. In the few cases were ether has killed, it has produced a condition of collapse quite like that observed in this case, and wholly unlike the sudden deaths from chloroform. But I am inclined to the view that the shock was principally, if not wholly, due to the operation, which, it must be remembered, was one of unusual severity, on account of the extent of the adhesions and the size of the mass. The co-existence of inflammation is not deemed, by the best authorities, to materially increase the danger of an operation, and this one was undertaken with this in view, and so stated to the physicians present; but it will be remembered that I supposed the inflammation was in the cyst walls, instead of the peritoneum proper. Shock is the cause of death after ovariotomy, more frequently, perhaps, than is generally believed. Thus, in one hundred and fifty cases collected* by my preceptor, the late Dr. E. R. Peaslee, there were fifty-one deaths, and of these seven or 13.72 per cent. were attributed to shock. Dr. J. Clay's table† of one hundred and fifty deaths, gives

*American Journal of Medical Sciences, Jan. 1865.

†Peaslee on Ovarian Tumors and Ovariotomy, p. 351.

twenty-five or 16.66 per cent. as due to shock. Of 17 fatal cases in the practice of Prof. T. G. Thomas‡ of New York City, three or 17.65 per cent. were attributed to shock. Mr. Spencer Wells, in the table§ of his first series of five hundred cases, where there were one hundred and twenty-seven deaths, only once uses the word shock as a cause of death; but there are twenty-nine other deaths assigned to collapse and exhaustion. Now, although he says †† that he uses these terms "to express the condition when a very feeble patient has not rallied after the removal of a large tumor." I find that in only five of them did death occur within the first twenty-four hours, and in sixteen others it was in the second twenty-four hours. Beyond this, *i. e.*, in the remaining nine cases, I think we may fairly exclude shock proper as the cause of death. Thus, in his cases, we get a percentage of 16.54 to be set down against shock. Dr. Robert Barnes‖ says, "a considerable proportion of all the deaths, I am convinced, occur from *shock;*" but he gives no data from which the ratio can be reckoned. But it is evident enough, from all this, that shock—as such must be credited with a very considerable share of the mortality after ovariotomies. "Shock and collapse when fatal," says Dr. Peaslee,¶ "prove so in more than one-half of the cases, within forty-eight hours." But the suddenness with which death sometimes comes, is appalling. Thus, Mr. Spencer Wells records one case where death ocurred within two hours. Dr. Peaslee, in one case, lost a patient within one hour, and in the case here reported I am confident the patient would have died within twenty minutes after the completion of the operation, but for the persistent and heroic efforts of the gentlemen who so kindly assisted me. Life was unquestionably prolonged at least four hours, by these efforts. The case is especially instructive as illustrating the dread uncertainties of prognosis in ovariotomy, and also as demonstrating in a marked degree, the value of the postural treatment in collapse or surgical shock. If we could contrive, in any way, easily to invert the position, so that the patient would be literally turned upside down, there can be doubt it would, in many instances, avert threatening death from such causes.

Ann Arbor, April 15, 187 9.

Cases of Operations for Cancer of the Womb.

BY THEODORE A. McGRAW,
Professor of Surgery, Detroit Medical College.

The following cases of operations for the relief of uterine cancer are reported, because they are fair examples of the little utility of all operative procedures which fall short of the entire extirpation of the afflicted organ:

Mrs. M., of Sarnia, aged 29 years, the mother of one child, was brought to me by Dr. McLean, of that place, on account of epithelioma, involving the cervix uteri. There could be no doubt of the diagnosis. The neck of the uterus was swollen and enlarged, and its cavity filled by a fungus vegetation which entirely prevented the insertion of a sound or even probe.

She entered St. Mary's hospital, and on Sept. 18, 1878, with the assistance of Drs. McLean, of Sarnia, Hitchcock, of Kalamazoo, McHench, of Brighton, and others residing in this city, I removed it by the Galvano-cautery. It proved to be confined to the neck. The patient did well after the operation and slowly recovered. Now, at the expiration of seven months, there has been no sign of recurrence, but the patient suffers at her menstrual periods from the cicatricial contraction of the uterine orifice.

The next two cases are also from Sarnia, and were brought to me by Dr. Johnston. Mrs. D., aged forty years, and the mother of several children, suffered for over a year from uterine hemorrhage, but had refused her physician permission to examine the womb. When finally she consented, the neck of the uterus was found to have been transformed into a soft, bleeding tumor, which evidently extended into the body. Dr. Johnston brought her immediately to this city, and on November 8th I operated upon her by the Galvano-cautery. The whole neck was removed, and the uterus was cored by the hot wire. The anterior wall was so far destroyed that the finger could be passed through it into the connective tissue uuderneath the peritoneum. As far as the operation was concerned, the patient suffered no shock nor disturbance and recovered rapidly; but about a month afterwards the tumor showed signs of recurrence, and two months after the operation I repeated the procedure, and then let her go home. At last accounts she was comfortable, but there can be but little doubt that the disease has already recurred.

Mrs. N., aged 47, also Dr. Johnston's patient, was brought to me with a similar history, and a tumor almost identical with that of Mrs. D. Assisted as before by Dr. Johnston and other medical gentlemen, I operated by the Galvano-cautery. In order to remove the mass completely, I destroyed the posterior wall of the womb at a point above the junction of the neck and body. The finger could then be passed through into the peritoneal cavity. For seven days she did not have a bad symptom, but on the evening of the seventh day a sudden fright, caused by a disturbance in the street, was followed by acute pain and the immediate development of a peritonitis, which caused her death on

‡Diseases of Women, fourth ed., p. 726.
§Diseases of the Ovaries. Am. ed., p. 402, 429.
††*Loco citato*, p. 428.
‖Medical and Surgical Diseases of Women, first Am. ed., p. 345.
¶*Loco citato*, p. 351.

the fourteenth day after the operation. A *post mortem* was not obtained.

The last case is that of a Mrs. R., still under treatment. I operated upon her for epithelial cancer of the uterine neck, by gouging out the cavity of the neck and body as far as the disease extended. In this operation I was assisted by Dr. Jenks and Dr. Helen Warner, and perforated the posterior wall of the uterus. The operation was performed on the 23d of January. The patient has not been relieved of her pain and tendency to hemorrhage, and recurrence has already taken place.

I have recorded these cases because they will serve as a text on which to state my belief that surgeons will in the future have to insist upon the same rule for operations on the womb for cancer, as for those on the breast, viz., extirpation of the whole organ. Of these four cases, only that one in which the disease was limited to the cervix apparently recovered. The others were not benefited, and the last one has been worse after the operation than before. Indeed, if the whole malady be not eradicated by the procedure, the disease may be aggravated, first by the irritation and subsequent congestion, which must dispose to greater rapidity of cancerous growth, and second, by the destruction of those tissues which naturally limit the organ and resist for a time the extension of the disease. The operations already successfully undertaken in Germany, by which the whole organ is at once and completely removed, can alone offer a reasonable hope of permanent cure.

Practical Hints on the Treatment of Corneal Affections.

BY EUGENE SMITH, M. D., DETROIT,

Ophthalmic and Aural Surgeon to St. Mary's Hospital—Surgeon in charge St. Mary's Free Eye and Ear Infirmary.

An affection of the cornea is always a serious matter, and requires to be treated with the utmost care.

In all forms of inflammation of the cornea, from the slightest desquamation of the epithelium to abscess, *absolute proscription* of all astringent collyria —metallic or vegetable—should be the rule.

Always examine carefully the state of this membrane before giving—as is the custom with many, if not all general practitioners—a collyrium of sulphate of zinc, nitrate of silver, alum, borax, or any other of like character.

Cold applications and caustics retard recovery and increase the trouble.

As many affections of the cornea, like parenchymatous keratitis, are but the local manifestations of a general dyscrasy, treatment should be directed towards the general condition.

Very frequently an ulcer of the cornea, if not due directly to lachrymal trouble, is prevented by it from getting well, and quickly recovers upon correcting the affection of the tear passage.

The use of atropine is efficacious in nearly all affections of the cornea. It tends to relieve the photophobia (intolerance of light), and the circumcorneal injection, acts as a narcotic and calms the pain by producing, as it were, anæsthesia of the ciliary nerves. It influences powerfully the intraocular circulation, produces paralysis of the muscle of accommodation and diminution of the intraocular tension, all of which are important factors in the treatment of corneal affections.

The neutral preparation (sulphate) should be used, and the strength may vary from grs. j-iv., ad aqua ℥j.

There is less danger in the indiscriminate use of a solution of atropia sulph. than in astringent or caustic lotions.

In some cases of corneal trouble (phlyctenulæ) much benefit is derived from the daily insufflation of an exceedingly small quantity of calomel.

Painting the lids (externally) with tincture of iodine or a solution of nitrate of silver will sometimes relieve intolerance of light, as will also suddenly dipping the face in cold water.

Eserine (sulphate) has been very much lauded of late in abscess of the cornea, and I have used it in several severe cases—two considered hopeless—with astonishingly favorable results. It is apt to favor the formation of posterior synechiæ, but this is not of so much importance, for in a majority of severe cases iridectomy would be necessary anyway, and its use does not in any way interfere with the subsequent performance of the operation.

Warm, moist fomentation, for ten or fifteen minutes at a time, three or four times a day, is in some cases (abscess with hypopion) particularly to be commended.

In all forms of purulent ophthalmia it is very essential to watch anxiously the cornea, and if necessary incise, or even *excise* portions of the chemosed conjunctiva.

In all cases we should place the organ in a condition of repose, and the patient in as good hygienic condition as possible.

The compressive bandage is a valuable adjunct to the treatment of many of these affections. By its use we prevent the irritation caused by the rubbing of the lids during the act of winking.

Nitrate of silver and sugar of lead lotions, if used while there is abrasion of the epithelium of the cornea, are apt to leave metallic stains or deposits, which is another reason why they should be rejected in the treatment of corneal affections.

If an opacity of the cornea exists, it can be hidden very effectually by *tatooing with India ink*, a very important fact in cases of females.

95 Fort street west.

Selections.

DEATHS FROM YELLOW FEVER IN NEW ORLEANS.—From a table by Dr. J. J. Jones, in the New Orleans *Medical and Surgical Journal*, we select the following:

The total number of deaths from yellow fever during the sixty-two years are thus estimated at 40,907, or in decades:

1817 to 1826,	inclusive.....	2,710
1827 to 1836,	"	2,758
1837 to 1846,	"	4,116
1847 to 1856,	" 17,675	
1857 to 1866,	"	5,358
1867 to 1876,	"	4,133
1877 to 1878,	"	4,157

It is observed by Dr. Jones' table that the years 1841, 1,800; 1847, 2,600; 1853, 7,849; 1854, 2,316; 1855, 2,615; 1858, 4,855; 1867, 3,107; and 1878, 4,056 were particularly severe, while the period of the rebellion, 1861–5, inclusive, reports only eleven deaths.

ASPIRATION IN THE TREATMENT OF SUPPURATING BUBO.—Dr. P. V. Schenck (*St. Louis Courier of Medicine*), after referring to the diversity of views held regarding the proper treatment for suppurating buboes, and the various methods recommended for the evacuation of the pus, which evacuation all authorities agree is essential, gives the following as his procedure:

The treatment which is far preferable, and to which I refer in cases of suppurating buboes, whether they be simple, sympathetic, inflammatory, or whether they be buboes of absorption, or virulent (chanchroidal) buboes, is to remove the pus by means of a small sized Dieulafoy aspirator. Aspirate early; do not allow the integument to become thinned; enter the needle in the sound tissue, between a quarter and a half inch above the diseased gland, passing from above downward into the abcess; draw out all the pus and remove the needle under pressure—the operation to be repeated only as the cavity fills up, which I have never had to do more than three times in any one case. There is but little pain attending, and no after-treatment, except to abstain from excessive exercise. Thus, all the benefits of the other modes are obtained without any of the ill consequences.

The skin and cellular substance is not impoverished and detached as in multiple puncture. There is left no troublesome open wound which will require packing and compel the patient to remain in his room for at least from two to four weeks, as in free incision. There are no disfiguring scars, as when caustics are applied; but the cure is complete and rapid—no trace of the disease is left—there is no unsightly deformity in the way of contractures, and there are after it no cicatrices which leave a life-long blemish.

A VEGETABLE PEPTONE-ALBUMEN SOLUTION FOR THE USE OF THE SICK.—Dr. F. Penzoldt, of Erlangen, prepares from pea-flour, by means of pepsin and salicylic acid, a vegetable peptone solution which he has found by clinical experience to possess great practical value. He recommends it as a supplement to, not as a substitute for, Leube's meat-solution, over which, however, it possesses the advantages of being much less costly and less troublesome to prepare, and of being very agreeable to the taste. The method of preparation is very simple: 8 ounces of finely-powdered pea-flour, one quart of water, 15 grains of pure salicylic acid, and 7½ grains of pepsin (it is most important that this last should be of an excellent quality) are thoroughly mixed together, and then left in a warm place (not above 100° F.) for twenty-four hours, during which time the mixture must be frequently stirred. It is then filtered through thick linen, which retains the starch, and the peptone-albumen solution is obtained. It has the appearance of pea-soup, and a delicately sweetish taste. The salicylic acid was at first added, in Dr. Penzoldt's preliminary experiments, to prevent the fermentation that sometimes occurred; but he soon found that it could be substituted for the hydrochloric acid, as it possessed fully as much, and perhaps more, digestive activity.

Before the solution is used it should be gently heated over a water bath, and at the same time it may be reduced somewhat in volume, so that only enough to fill two soup-plates—a sufficient quantity for one day—remains. In warming, a portion of the albumen separates in the form of small flocculi, and a thin, mechanically un-irritating pap is formed, which contains the peptones in solution. Salt must be added to it in proper quantities, and it may be flavored to taste with root and fruit extracts, Liebig's extract, etc. Dr. Penzoldt reports several cases in which this solution acted very satisfactorily, among them being some cases of ulcer and catarrh of the stomach, and one each of dysentery and diabetes. In all the cases it was well borne, and the patients took it willingly, and improved on it. It seems to be applicable more especially in cases of gastric ulcer and of chronic catarrh, dilatation, and carcinoma of the stomach, but also in cases of chronic catarrh of the intestines, dysentery, convalescence from typhoid fever, anæmic conditions with weak digestive powers, diabetes, etc,

The same solution may be employed as a nutritive enema; only in its preparation for this purpose the pancreatic ferment must be substituted for the pepsin. The following is the formula for it: 8 ounces of pea-meal, 1 pint of water, 15 grains of salicylic acid, and 10 drops or more of pancreatin-glycerin; mix well, and allow it to stand for several hours to a day in an ordinary temperature. During this time some peptonization takes place, but no sugar is formed. The fluid is then simply poured off, a little of the meal being allowed to go with it, and the

nutritive enema is ready. There will be about enough for two clysters, which may be administered with any ordinary syringe. In the rectum more peptones and some sugar are formed, and in favorable cases are entirely absorbed. The injection is, as a rule, well retained. One patient, a phthisical man, retained it for four hours, and asserted that he experienced a feeling of contentment after it. After four hours he passed some feculent masses, in which no peptone-reaction could be demonstrated, although the injected solution presented this reaction very distinctly.

TWIST OF THE SIGMOID FLEXURE OF THE COLON.—J. O. Whitney, Pawtucket, R. I., (*American Med. Bi-Weekly*) reports a case of obstruction of the bowels in a rugged laborer, aged forty-five years, which he considers due to twisting of the sigmoid flexure of the colon—a very unusual cause. He had pain in the bowels below the navel, attended with nausea and efforts at defecation, which gradually increased, till trials resembled those of a woman in severe travail. Pulse was nearly normal; abdomen slightly distended, and decidedly tympanitic below the umbilicus. All the symptoms grew rapidly worse, and the man died forty-nine hours from the beginning of the attack. The diagnosis could not be confirmed by *post mortem*.

M. Legare, U. S. Attorney General, who died in Boston, in 1843, of this accident, is said to have been twice relieved by Dr. Thos. Miller, by the use of the O' Byrne tube, probably copious enemata, thrown as high up as possible.

Old age, elongation of the meso-colon, inguinal hernia, constipation, straining at stool, etc., are causes of the accident. Copious injections, with anodynes, are recommended as the best treatment.

BROMINE IN LARYNGEAL CROUP.—Dr. W. Redenbacher (*Aerztliches Intelligenz-Blatt*) called to the case of two little girls, aged respectively five and seven, suffering with croup of the larynx and air tubes, ordered a tablespoonful of the following mixture to be taken every hour:

℞	Decocti althææ	ʒ jv,
	Potassii bromidi	ʒ j,
	Bromi	gr. jv ss,
	Syr. simp.	ʒ j.

On again visiting the patients, whom he did not expect to find alive, he was most agreeably surprised. The difficult breathing, dry, hard cough, etc., had all disappeared, the breathing was free and the cough loose; several portions of croupal membrane had been coughed up. Recovery followed without toxic symptoms. For children under one year, the quantity of bromine in the mixture should be reduced to one grain and a half, and for those from one to four years old, three grains.

SQUAW WEED, OR CAULOPHYLLUM, AS AN AID IN LABOR.—Dr. Sell, *Med. Record*, at a meeting of the Obs. Sect. of the N. Y. Academy of Medicine, stated that he had used twenty-drop doses three times a day of the saturated tincture of caulophyllum with the happiest results in mitigating the pains of labor. It should be used during the last month of gestation, and is especially indicated for women who usually suffer unduly during the first stage of labor. Dr. Merrill reported similar results from castor oil given at commencement of labor. He had also given teaspoonful doses of castor oil every ten to fifteen minutes, and thereby induced marked uterine contractions as rapidly as he had ever obtained from ergot. He always cautioned his patients against taking oil during the latter months of pregnancy, except at full time, on account of its liability to induce uterine contractions. Dr. Sell, as well as Dr. Merrill, regarded the oil as a dangerous medicine to be given during the last months of pregnancy, on account of its liability to produce premature delivery.

SOLUBLE MEDICATED INTRA-UTERINE PENCILS, OR BOUGIES.—By the use of these pencils, for the treatment of chronic diseases of the womb, it is confidently believed that the physician will be greatly assisted in the treatment of this difficult and annoying class of diseases. Their action is very simple. Being made of gelatine and glycerine, they readily melt at the temperature of the body, while at the same time they are sufficiently firm and elastic to be easily introduced into the uterus with the ordinary uterine forceps. Being medicated, as they dissolve the medicine is slowly and thoroughly brought into contact with the diseased membrane, and thus exerts a most beneficial influence on the parts from its thorough and long-continued action. These pencils are in the shape of a short bougie, about the diameter of a goose quill, and are prepared medicated as follows: Sulphate zinc, 1, 2, 4 and 6 grs. each; iodoform, 2, 3 and 5 grs. each; carbolic acid, 1, 2 and 4 grs. each; ergotin, 5 and 8 grs —*Southern Clinic.*

PERFORATING PISTOL SHOT WOUND OF CHEST—PNEUMONIA—RECOVERY.—Dr. E. Hochheimer (*Hospital Gazette*, of Feb. 13, 1879,) reports a case in which a pistol shot entered a man's back 2½ inches to the left of the spinal column, near the angle of the scapula, and came out ½ of an inch to the right of the left nipple in the fourth inter-costal space. The hemorrhage from the posterior wound was slight, from the anterior more profuse—dark, frothy blood gushing from it each time the patient coughed. There was emphysema on the left side.

Stimulants and opium were administered for the shock which was profound, a compress applied to posterior wound, picked lint soaked in collodion to the anterior. Blood was expectorated in small quantities.

On the third day, pneumonia of the left lung was observed, for which was ordered morphia to relieve pain, tr. aconite rad. and tr. digitalis to control the heart's action, and quinine in doses of grs. xx ad-grs. xxv to reduce the temperature. In two days the pneumonia began to subside, and in six days more the patient was convalescent. He made a favorable recovery.

FŒTAL LENGTH.—Dr. Delabout, *Lyon Medical*, states that the length of the fœtus increases as the square of the number of months of intra-uterine life up to six months, after which it increases four to five centimetres per month. At the end of the first month its length is one centimetre, .3937 inches; at the end of the second, $2^2=4$ centimetres, 1.5748 inches; at third, $3^2=9$ centimetres, 3.5436 inches, etc. A child at full time would, therefore, be 50 centimetres, or 19.685 inches in length. The size varies much, but the above is regarded as an average.

CAFFEIN, A DIURETIC AND CARDIAC STIMULANT.—Dr. L. Shapter, *Practitioner*, has used caffein in three grain doses one to three times a day in the advanced stages of heart disease, with dropsy, dyspnœa, weak and irregular heart action, and diminished renal excretion, after digitalis and potash had been used without success. He reports four cases showing marked improvement, the urine generally doubling in amount within twenty-four hours, thus confirming Prof. Gubler's statement in regard to this drug.

SALICYLIC ACID AS A VERMIFUGE.—Marynowski relates a case (*Allg. Med. Cent. Ztg.*) in which tæniæ had existed for nine years and had resisted all forms of treatment until he ordered four doses of salicylic acid at intervals of one hour, to be followed by a half ounce of castor oil; a tænia solium ten yards in length was discharged, together with its head. Subsequent tests confirmed him in the belief that the result was here due to the salicylic acid.—(*Cincinnati Lancet and Clinic.*)

ERGOTINE IN CEREBRAL APOPLEXY.—Dr. N. S. Foster, *Lancet*, after observing the rapid action of subcutaneous injections of ergotine in arresting uterine hæmorrhage, tried the same means in cases of cerebral apoplexy. He reports two cases, in which the symptoms were characteristic of cerebral lesion. The coma, which was gradually deepening, on injecting ergotine in the arm, became less intense, and the grave symptoms soon disappeared.

"The American Medical College Association is an imperial congress in medicine in this country It has strength and power; there is no authority above it in matters pertaining to the standard of medical education. It has already exercised its prerogative over the length of the college year and time of study. Will it now strike the key-note of a higher medical education—will it elevate the standard or continue to trail it in the dust?"—*Mercer.*

Formulary.

The following formulæ are selected from a list of Mixtures for Diseases of the Respiratory Organs, published in the *Hospital Gazette*, and in use at the various hospitals and infirmaries in New York:

MIST. GLYCYRRHIZÆ CO.—

℞	Pulv. ext. glycyrrhizæ	
	Pulv. sacchari	
	Pulv. acaciæ	ää ʒ j.
	Tr. opii camph	ʒ ss.
	Vini antimonii	ʒ ij.
	Spts. ætheris nit	ʒ j.
	Aquæ qs. ad	℥ jv.

Mix. Dose, a teaspoonful. Shake before using.

MIST. PERTUSSIS.—

℞	Potass. bromidi	grs. xvj.
	Syr. ipecac	
	Tinct. opii camph	
	Syr. lactucarii	
	Syr. tolutani	ää ℥ ss.
	Aquæ qs. ad	℥ jv.

Mix. Dose, a teaspoonful.

MIST. POTAS. IOD. ET HOFFMANNI CO.—

℞	Potass. iodidi	ʒ iij.
	Tinct. tolut	
	Ext. pruni virg. fl	ää ʒ j.
	Syrupi	℥ j.
	Spts. ætheris co	ʒ ij.
	Aquæ	℥ j.

Mix. Dose, a teaspoonful.

MIST. POTASSII NITRATIS.—

℞	Potass. nitratis	gr. j.
	Spts. ætheris	
	Syr. ipecac	ää ʒ ss.
	Syr. pruni virg	ʒ ij.
	Aquæ qs. ad	℥ j.

Mix. Dose, a teaspoonful for children.

MIST. SEDATIVA.—

℞	Acidi hydrocyanici dil	
	Chloroformi purif	ää ʒ i.
	Tinct. hyoscyami.	
	Syr. tolut ani.	
	Aq. camphoræ.	
	Mucil acaciæ	ää ℥ j.

Mix. Dose, a teaspoonful.

FOR DELIRIUM TREMENS.—Dr. Atkinson (*Practitioner*) recommends the following for the sleeplessness preceding the delirium of *mania a potu*:

℞	Tr. rhei	♏ x.
	Tr. cardamoni co	ʒ ss.
	Tr. hyoscyami	ʒ ss.
	Acidi hydrocyanici dil	♏ iij.
	Spts. chloroform	♏ xv.
	Aquæ qs. ad	℥ j.

To be given every four hours.

Chloral in 30 grain doses every four hours is recommended for this stage of delirium, but when continued for a length of time it loses its effect; nux vomica and gentian should now be given as follows:

℞	Tr. nucis vomicæ	♏ x.
	Tr. gentianæ co	ʒ ss.
	Ess. limonis	♏ j.
	Spts. chloroformi	♏ xv.
	Aquæ qs. ad	℥ j.

To be taken every four hours.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, MAY 10, 1879. No. 9

Editorial.

The Medical Journals of America.

The *Boston Medical and Surgical Journal*, in January last, entered the second half century of its existence, and it celebrated the event by publishing a paper from the pen of Dr. J. S. Billings, U. S. A., in which the writer gave a chronological history of the various journals started in this country, the date of birth of those which continue to exist, and that of the birth and demise of those which have become defunct. From the list given it appears that up to January 1st of this year 247 journals were begun, and that of this number but fifty-three have withstood the causes which bring about journalistic death. The *Chicago Med. Journal and Examiner*, in referring to Dr. Billings' paper, makes it the text of some not very complimentary remarks on the existing medical journals of this country. It "carefully perused the list of the fifty-three surviving medical journals, and deliberately concluded that but from fourteen to twenty are of any permanent value to the profession and worthy of circulation, or to be sent abroad or handed down to posterity as fit exponents of American medical periodical literature." The *Boston Medical and Surgical Journal*, in turn, approvingly quotes its Chicago contemporary's remarks, and regards them as "fruit" born of "the warfare which it has waged unremittingly against the present tendency of the times to patronize cheap and *local* literature instead of giving support to a few able and representative journals." (We presume the aged *Journal* enrolls itself with the latter class, although its innate and Bostonian modesty keeps it from saying so.)

The inference clearly deducible from the quotation we have made, is that medical journals of the so-called "able and representative" class are not adequately supported; at least, it is only this class that keep up an "unremitting" grumbling. In the case of the *Boston Journal* this inference is corroborated by facts, for from the most reliable and disinterested sources it appears that our aged contemporary's subscription list is but 1,700. Truly, a journal with the frosts of fifty winters on its pate, and with a list no larger than this, can be pardoned for its ill-natured and "unremitting warfare against the tendency of the times" to look elsewhere than to Boston for medical journals, but its presumption, with a list of 1,700, in aiming to be classed among other than "local" journals can scarcely be overlooked. As the *Boston Journal* has opened the subject, it will pardon us for thus pointedly referring to it as a representative of its class.

It is with a journal as with a man—when it finds that it is not appreciated, it is the part of wisdom to look about itself for the cause, rather than to ill-naturedly berate those who do not patronize it. In the republic of letters, as under a republican form of government, it is always pretty safe to trust the judgment of the people.

It is in medical journalism as in secular journalism, the journal is the reflex of the sentiment of its patrons. The newspaper that succeeds, is that which embodies the sentiments of the party whose cause it espouses, and the medical journal which assumes a plane either higher or lower than that of the sentiment of the profession, will fail of support. The characteristic of the profession of this country is its intense practicality, and the journal whose pages are filled with the speculative and the theoretical will have cause for "unremitting" grumbling at the lack of professional support.

The *Boston Journal*, moreover, complains of the tendency of the times to support "local" journals. We might remark on the unwisdom of any such complaint from si

a source, seeing that if the tendency it complains of were changed, it would itself fare rather indifferently; but we shall resist the temptation to such a line of remark. In our opinion "local" journals, so. called, have as great, if not a greater influence both in advancing true professional interests, and in making more efficient medical art, than the journals which are published at the great medical centres, and which we presume claim to be "representative." The latter journals have a work which is peculiarly theirs. They have at their command the vast clinical experience of the hospitals, and the profession requires this; their contributors, very naturally, are the teachers in the medical schools and the medical attendants of the hospitals, and such men have the opportunity, which they, as a rule, are ready to improve, of putting to the test of practical experience any theories which they may conceive. But hospital practice and private practice have their points of difference, and country practitioners, who comprise the great bulk of the profession and perform the great bulk of practical professional work, while they may, and do, profit by the recorded experience of hospital practice, cannot with safety accept it as their surest guide. The country practitioner, moreover, as a rule, has no ambition for a national reputation, or for a reputation as a writer, and were it not for the existence of his local journal many valuable results of his experience would be lost to the profession. The "local" journal is thus, if it is nothing more, frequently the nursery of talents which afterward shine to the benefit of humanity. We look upon it as a healthful sign that "the tendency of the times is to patronize cheap and local journals" in preference to the verbose and owlish journal which arrogates to itself the position of "able and representative." Such a journal, doubtless, has its mission—it at least serves to tickle the vanity of the few "representative" men who, in their amusing conceit, constitute themselves the "hub" around which they would have outside barbarians revolve.

Miscellany.

Convention of Medical Colleges.—The call for a convention of the Medical Colleges of this country to consider the question of an advanced standard of medical education, was responded to at Atlanta on the 2d inst. by but 23 of the 59 existing colleges. Since only a minority responded to the call, those present felt themselves powerless to act, and the questions submitted were referred to the Medical College Association, which met at the same place on the 5th inst. The Association received an amendment to its articles of confederation, declaring in favor of three regular courses of lectures in three separate years. Under the rules the amendment was tabled until the next session of the Association. The discussion of the question of a standard of matriculation examination was postponed for a year.

Thus has the effort to advance the cause of a higher medical education through the colleges themselves ridiculously failed. The fact that only 23 out of the 59 colleges put in an appearance proves that the majority do not favor the proposed change. It now only remains for the profession to compel the advancement which the colleges refuse. There are a few medical schools in the country which, we believe, honestly desire to advance the standard of requirement. Let them come out boldly and show their colors, and the profession will support them to the discomfiture of the one-horse concerns, the only object of whose existence is to advance the interests of those who run them.

The American Medical Editors.—The meeting of the Association of American Meddical Editors, at Atlanta, on the 5th inst., was attended by the representatives of fourteen journals. The President, our friend Dr. Wm. Brodie, of *New Preparations*, read his address. It was a full, able, and interesting paper on the history, scope, duty and destiny of American journals. It was highly complimented by the members present, as full of the spirit of true progress in medical journalism. The address took ground against the copyrighting of names of medicines and submitted a resolution, which was referred to the American Medical Association, declaring that the practice is in violation of the Code of Ethics.

Considerable discussion took place as to the exclusive position of the Boston *Medical and Surgical Journal*, in cutting off many of their exchanges, and in not giving their lordly recognition to any journal that charged less

than $2 a year. The action of the frail old creature, while severely criticised, was regarded as an amusing piece of assumption.

The following are the officers elect for the ensuing year:

President: Dr. Thos. S. Powell, of the *Southern Medical Record;* Secretary, Dr. Frank Davis, of Chicago.

A resolution to change the name of the association so as to include authors as well as editors, was submitted, and, under the rules, was laid over for one year.

PILOCARPIN AS A HAIR RESTORATIVE.—Dr. G. Schmitz, an ophthalmologist, of Cologne, according to the *Pharmaceutical Journal*, having occasion to employ the muriate of pilocarpin hypodermically for an affection of the eye in the person of a bald head, was surprised to find, after a short use of the article, that the head became covered with young, downy hairs. The doctor then employed it in the case of a man sixty years of age and with a shiny pate. In the course of four months a sufficient crop of hairs, black and grey, had been brought out to cover up the previous baldness. This experience, coming from a credible source, will be sufficient to justify a further trial of the remedy. Should pilocarpin prove a stimulant to the hair follicles, there is enough baldness to create a large demand for the alkaloid.

Editor Michigan Medical News:

A BETTER WAY THAN THE "BLACK LIST." Allow me space and I will respond to Dr. Valade's article, "Physician's Black List." He begins with the query, "Why Not?" and I will answer, because there is a better and a more practical way to abate the evil in question.

The property-exemption law, so called, should be repealed, or so modified that honest men could not so easily become sneak-thieves and liars. Let the real estate exemption be removed entirely, and the personal property exemption be cut down one-third or more, and thousands of laboring men in every county, city and town, and small farmers and tradesmen everywhere, would at once become more ready, and much more willing than at present, to stir about and pay their honest debts. I seriously doubt that the law ever did any good at all, and know from sad experience what its evil effects are, and that they fall more heavily upon physicians as a class than upon any other.

Every honest business man, and every well-to-do farmer in Michigan, will say the law is a curse to the State and a hindrance to business prosperity. "Begotten in sin," it puts a premium on dishonesty. At any rate, its day of good is past, and now let it be dealt with as every other useless thing should be. Let the matter be brought before the State Society at its next meeting, and a form of petition be drawn up, and every member of the association urged to obtain signatures, to be presented at the next term of the Legislature.

Let this law be repealed, and the yearly income of every physician in Michigan will range from $200 to $500 more than now, and the market value of old accounts and notes be very materially advanced. Every physician can well afford to pay $100 into a fund to be used, if need be, to further wholesome legislation.

D. W. LOREE, M. D.
Ridgeway, Mich.

THE NATIONAL BOARD OF HEALTH.—The following is the act constituting the National Board of Health:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there shall be established a National Board of Health, to consist of seven members, to be appointed by the President, by and with the advice and consent of the Senate, not more than one of whom shall be appointed from any one State, whose compensation, during the time when actually engaged in the performance of their duties under this act, shall be ten dollars per diem each and reasonable expenses, and of one medical officer of the army, one medical officer of the navy, one medical officer of the marine hospital service, and one officer from the department of justice, to be detailed by the secretaries of the several departments and the attorney general, respectively, and the officers so detailed shall receive no compensation. Said board shall meet in Washington within thirty days after the passage of this act, and in Washington or elsewhere from time to time upon notice from the president of the board, who is to be chosen by the members thereof, or upon its own adjournments, and shall frame all rules and regulations authorized or required by this act, and shall make or cause to be made such special examinations and investigations at any place or places within the United States, or at foreign ports, as they may deem best, to aid in the execution of this act and the promotion of its objects.

SEC. 2. The duties of the National Board of Health shall be to obtain information upon all matters affecting the public health, to advise the several departments of the government, the executives of the several States, and the Commissioners of the District of Columbia, on all questions submitted by them, or whenever in the opinion of the Board such advice may tend to the preservation and improvement of the public health.

SEC. 3. That the Board of Health, with the assistance of the Academy of Science, which is hereby requested and directed to co-operate with them for that purpose, shall report to congress at its next session a full statement of its transactions, together with a plan for a national public health organization which plan shall be prepared after consultation with the principal sanitary organizations and the ss

rians of the several States of the United States, special attention being given to the subject of quarantine, both marine and inland, and especially as to regulations which should be established between State or local systems of quarantine and a national quarantine system.

SEC. 4. The sum of fifty thousand dollars, or so much thereof as may be necessary, is hereby appropriated to pay the salaries and expenses of said board and carry out the purposes of this act.

Approved, March 3, 1879.

The appointments under this act are as follows:

Preston H. Bailhache, M.D., U.S. M.H.S., Baltimore, Md.; Samuel M. Bemiss, M.D., New Orleans, La.; John S. Billings, M. D., U. S. A., Georgetown, D. C.; Henry I. Bowditch, M. D., Boston, Mass.; James L. Cabell, M. D., University of Virginia, Va.; Hosmer A. Johnson, M.D., Chicago, Ill.; Robert W. Mitchell, M. D., Memphis, Tenn.; Samuel F. Phillips, Esq., Solicitor General, Washington, D. C.; Stephen Smith, M.D., New York; Thomas J. Turner, M. D., U. S. N., Washington, D. C.; Tullio S. Verdi, M. D., Washington, D. C.

Officers—James L. Cabell, M. D., LL. D., President; John S. Billings, Surgeon United States Army, Vice-President; Thos. J. Turner, Medical Director United States Navy, Secretary.

The majority of these names are familiar to the profession as those of men possessing eminent fitness for the positions to which they have been appointed. The remainder have yet to prove themselves. One on the list, Dr. T. S. Verdi, is a homœopath, and we await with no little curiosity the manner of his reception by his colleagues. Though it is difficult to see how, if he is an educated man, there need be any discordance on questions in which therapeutics is not involved, yet the fact of his association in any professional capacity with regular physicians will subject the latter to much unfavorable criticism. The class in the profession, and it is a large class, who would ostracise the teacher of regular medicine for allowing an "irregular" student to even listen to his lecture, will scarcely suffer the associates of Dr. Verdi on the National Board of Health to pass without rebuke.

THE DOSE OF SALICYLIC ACID. — On page 62, MICHIGAN MEDICAL NEWS, I see a formula for making a salicylic acid mixture. If you will examine it, you will find the patient will get only 1¼ grains of the salicylic acid at a dose. I want to know if we can expect any good effects from such small doses? I never give less than 15 grains every four hours, and from quite an extensive experience in its use, I have never seen any bad effects from its use. It is the *best* antipyretic known to the profession. I call your attention to this formula because I find Naphey's Therapeutics (6th ed.) contains the same formula, and it is certainly a very great mistake. Now, how much do I owe you on the NEWS? I value it very highly, and don't want to miss any numbers.

Respectfully, F. F. PORTER.

Paris, Tenn.

[Concerning the above we would say that doses are the most relative things in the world. In our practice we usually prescribe two grains of salicylic acid every two hours, and are quite satisfied with the results. It is questionable whether larger doses of this drug are more efficacious than smaller doses, oft repeated, owing to the probable more rapid absorption secured by the latter method of administration.—ED.]

THE DIAGNOSIS OF TRICHINA.—In the April number (April 10th) of the NEWS, there is a letter from Dr. Romig, of this place, to Dr. Frothingham, of Ann Arbor, enclosing muscle, supposed to contain trichina, and stating that "*Dr. Barnes diagnosed the disease.*"

These two children were fed raw ham by the mother for several days, about January 25th, and in the course of five or six days, the children sickened, when Dr. Barnes, their family physician, was called in. On the first visit he diagnosed the complaint bilious fever; then, on subsequent visits, rheumatism and neuralgia, trichinosis not being mentioned. The parents, not being satisfied, called in Dr. S. M. Bayard, who was attending a lady in the next house. The mother stated that the two boys had been suffering from vomiting and diarrhœa, and a great deal of soreness and rheumatic pains. The children were still suffering as above stated. This visit was made Feb. 8th. Dr. S. M. Bayard looked the cases over, and asked if the children had eaten any raw pork, and was answered in the affirmative. He suspected trichinosis, and so stated to the parents, consulted Ziemssen, and on his second visit—Feb. 11—he positively declared the disease to be trichinosis. By invitation, I saw the children on the 12th, and came to the same conclusion. Dr. Barnes heard of this, and visited the patients unsolicited, on the 13th, and 16th or 17th, and both times denied the correctness of Dr. S. M. B.'s opinion, and on the latter date obtained charge of the patients again, the parents becoming convinced that Dr. S. M. B. was mistaken.

The younger boy suffered but slightly in the first few weeks; after some gastric derangement, which lasted scarcely a week, he

was up in the house, ate well, and was bright and cheerful. He complained only of muscular pains in the lower part of the thighs and the legs. These parts were swollen, hard and moderately sore to the touch. From the first visit of Dr. Bayard, the legs were covered with dark, small (from the size of the head of a pin to a half a pea) ecchymosed spots, slightly elevated. He progressed very satisfactorily until within a few days of his death, when he took to his bed, and complained of difficulty of breathing; this increased rapidly, and the patient died of asphyxia. Dr. Bayard all the time told the parents that this patient, although apparently well, was in the most danger. He attributed the eruption to irritation from the trichina, while Dr. Barnes to the boy's coming in contact with ivy on the wood pile.

The older boy was much the sicker in the first weeks, suffering from much vomiting and diarrhœa, which was *very* troublesome for the first two weeks, with soreness in the right arm and forearm, and the upper part of right thigh; his pulse ranged between 110 and 130, and the temperature increased to from four to five degrees above normal. This one recovered.

These two cases demonstrate the difficulty of always making a correct diagnosis, and the interesting fact that, although the subject of trichinosis may be very little effected in the first few weeks, may suddenly die, either from a rapid hatching or migration of these pestiferous parasites.

Yours truly, F. GUNDRUM.

Ionia, Mich.

Book Notices.

EPITOME OF SKIN DISEASES, WITH FORMULÆ. By TILBURY FOX, M. D., F. R. C. P., and T. C. FOX, M. B., B. A., (Cantab.) Second American edition, enlarged and revised by the authors. Philadelphia: Henry C. Lea. For sale by E. B. Smith & Co., Detroit.

It is claimed for this little work that its contents bear on the practical side of dermatology, to the exclusion of that which is as yet hypothetical or merely of interest to the curious student. An examination of it is sufficient to convince one that the claim is properly based. The nomenclature of skin diseases is bewildering to the general practitioner, and he will welcome a little work like the one before us for the aid it gives in the treatment of the cutaneous affections which are most frequently brought to his notice, and for the concise manner in which it deals with its subject. The "Selected Formulæ and Cutaneous Pharmacopœia," which constitutes part III. of the book, are peculiarly adapted to every day needs.

A TREATISE ON DISEASES OF INFANCY AND CHILDHOOD. By J. LEWIS SMITH, M. D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, etc. Fourth edition, thoroughly revised, with illustrations; 8vo., pp. 758. Philadelphia: Henry C. Lea. For sale by E. B. Smith & Co., Detroit.

We have long been partial to this work on diseases of children, and have for a number of years been in the habit of referring to it when having to do with the little ones. The author's experience has been very large, being connected with three large charities in New York, in one of which, alone, abou 8,000 children are treated annually; he is, therefore in a position to test thoroughly all plans of treat ment, and his work gives us what he has found to be good. The prescriptions are of themselves worth the price of the book; they have been written with a view to making their ingredients as palatable as possible, certainly a desideratum in treating children. Now that the season is approaching when children will furnish the bulk of practice, the practitioner cannot do better than to invest in this book.

Paragraphs.

A Nevada tramp applied to a doctor for work, and on being asked what he could do, replied, "Well, I could dig graves!"

Chloramyl, the new anæsthetic recently recommended, consists of chloroform (c. p.) ℥j, and nitrite of amyl ʒ ij.

The St. Petersburgh *Gazette* mentions a case of one Romanowski who reached one hundred and five years, though a confirmed epileptic. A clear case of the survival of the fit-ist.

To purify rancid butter, work it up with a solution of bi-carbonate of soda, common salt, sugar and tartaric acid. A patent has been taken out for the process, which, it is claimed, will restore the most rancid butter.

According to *Lyon Medicale* the number of journals pertaining to the medical sciences, published in Paris alone, amounts to 80. And yet there are those who bewail the fact that America publishes 53 medical journals.

Doctor (looking learned and speaking slowly)—"Well, mariner, what tooth do you want extracted? Is it a molar or an incisor?" Jack (short and sharp, replies)—"It is in the upper tier, on the larboard side. Bear a hand, you swab, for it's nipping my jaw like a lobster."

"*Aloepathy.*"—The following was received by a medical director of a life insurance company from an eclectic in Missouri:

DEAR SIR—In reply to within I will state that I am the only physician in this town. I presume I am not what you term "regular school," as I am a graduate of the eclectic school and not an aloepath

There are only two other graduates in the county, and they are eclectics. The "regulars," or aloepaths, have played out in this country.—*Medical Record.*

The late Dr. Geo. B. Wood, of Philadelphia, made the following bequests: His large library and $15,000 to the Philadelphia College of Physicians; $50,000 to the University of Pennsylvania; $75,000 to the same, for the special object of enlarging its hospital and clinical facilities for instruction; $20,000 to the American Philosophical Society, and $50,000 to a number of other charitable institutions.

Original Articles.

New Method of Removing Hairs.

BY DR. L. AUSTIN PORTER.

Seeing a description of Dr. L. Duncan Bulkley's method of removing hairs, permanently, in the October (last) number of the NEWS, selected from the *Archives of Dermatology*, calls to my mind a similar though more sure and philosophical method, in my opinion, which Charles E. Mitchel, M. D., and professor of Histology and Diseases of the Eye in the Missouri Medical College, St. Louis, has been performing for years, in removing the eyelashes, hairs from chin, lips, or those long, troublesome and disgusting hairs which are so frequently found on nævis, etc., which we so frequently see on the fairer sex.

The professor's method is simple, and the operator need not go to any expense for instruments, as each house can furnish all that are necessary. His method is thus (simplified): Pair of good ordinary forceps to seize the hair with, then a sharp needle, fastened to a small handle (small, sharp pegging awl will do), which is to be passed down parallel to hair, within its sheath, till you reach bottom of the follicle, then withdraw; melt some nitrate silver in an ordinary spoon, and into this fluid hold the point of small needle, (similarly fixed as puncturing needle), till the silver crystallizes around the point like a minute ball, then insinuate this miniature caustic point into the pervious puncture, cauterize the follicle of hair bulb or root, remove all instruments, and in a few hours the hair will ulcerate out by the roots, causing no pain or lesion, with an entire removal of hairs, avoiding all possibilities of scrubby, dwarfish returning hairs.

GOSSETT ILL.

Enlargement of the Heart from Valvular Degeneration.

BY G. W. CHROUCH, A. M., M. D.

On the evening of April 24th, 1879, I was called to see Mr. Daniel Peacock, of Bath, Clinton county, whom many supposed to be consumptive. On arrival at the house I found him suffering from great dyspnœa, with severe pain near the upper borders of the scapulæ, in the region of the heart, and in the left arm, with some numbness of the latter. The external jugulars were distended and tortuous, there was a cyanotic hue of the face, deep upon the lips. There was great anxiety indicated by his speech and expression of countenance.

I naturally suspected angina pectoris, as indeed there was, and of a grave nature. The pulse at the wrist was quick, but small The heart was examined, and found to be alarmingly diseased. It was a very easy matter to diagnose hypertrophy. There were regurgitant murmurs of a perplexing nature. Mitral regurgitation was evident. And at each diastole there was heard a prolonged gurgitant sound, which led me to suspect aortic regurgitation. At each systole there was heard a sort of *thud*, and a seemingly prolonged systolic effort. The aortic murmur was fairly whistling. That there was tricuspid regurgitation was quite evident, both to the ear and eye, the condition of the external jugulars indicated regurgitation into the venæ cavæ. I could not tell, ante-mortem, whether there was any obstruction of the semilunars of the pulmonary artery or not, on account of the confusion of sounds.

The heart was working very hard, and I tried veratrum viride on that account and because of the conjested condition of left lung. It did no seeming good. I then put him on carbonate of ammonia, with an opiate. In a short time he grew easier and fell into a slumber, from which he awoke refreshed, as much as could be, and thanked me for it. I left in a short time thereafter, directing the carbonate and Dover's powder to be given *pro re nata*. He again grew worse, and died in about forty hours after I first saw him.

Post mortem, eight hours after death, revealed healthy lungs (the left congested, but crepitant) and liver. The spleen was gorged with blood and considerably enlarged. The heart was cut loose from its vessels, emptied and weighed. Its weight was twenty-three and one-half ounces (23½ ozs.)! It was carefully opened. The walls of left side were thick and of firm texture. The walls of right side were more than correspondingly thinner. The mitral valves were torn and shreddy. The semilunars of the aorta had undergone calcareous degeneration, producing a permanent half-open condition. It was from these valves that I could hear the *thud-like* sound (of resistance) and the prolonged gurgitant sound at each diastole (aortic regurgitation).

The tricuspid was ruptured, allowing, no doubt, regurgitation through the right auricle *into the venæ cavæ*, which produced the distension of the external jugulars and (no doubt) pain over the scapulæ, also the cyanotic hue of countenance from imperfect oxygenization of the blood. The pulmonary artery was somewhat enlarged. The right side was the

most enlarged, though the walls were not much thickened. This was contrary to what I would naturally have expected—though it may be the rule in such cases. The coronary artery was not diseased. The wonder is that the man could have lived an hour with his heart in such a condition.

Shaftsburg, Mich.

Therapeutical Value of Veratrum Viride.

BY THOMAS A. KAY, M. D.

Veratrum viride acts as a direct sedative upon the circulatory system, by virtue of its action upon the pneumo-gastric nerve. This is capable of demonstration, for if it did not affect the pneumo-gastric, there would be no feeling of constriction in the throat, no cessation of the number of respirations, and no repression of the heart's action.

Alcohol is recognized as occupying a wide range in therapeutics, and veratrum viride, the effects of which are directly opposed to those of alcohol, is capable of a more extended use than has been cred ited to it. An accurate and positive knowledge of its action on the system will enable any sensible and reflecting practitioner to obtain complete mastery and control over very many symptoms, and even over organic disease. Its value in fevers is well known, but even here it has been slighted, and the ull amount of benefit to be derived from it curtailed, either by ignorance of its full physiological action, or from a lack of confidence. There is no need of the temperature of scarlatina and typhoid fevers (in the majority of cases) persisting any higher than from 102 to 104 degrees, at the most.

By its sedative action on the heart it reduces temperature powerfully, and in these fevers (scarlatina and typhoid) it would fully reduce the temperature were it not for the rapid metamorphosis of tissue, and consequent nervous irritability, so constantly going on, and over which it has no direct control.

It reduces the temperature of local congestions more satisfactorily than astringents, for the slow action of the heart allows the blood time to get away from the part, and, if its action is kept up, it is more apt to stay away, and it is by this very same action that it indirectly favors absorption, for absorption cannot go on when the part is engorged with blood and effete matter; and, to reason still further, we can expect that hypertrophied organs—as of the heart, liver, spleen, etc.—can be materially reduced by this admirable remedy, as its action causes a diminution of the supply of blood to the parts, thereby diminishing the nutrition of the part. It is far superior to anodyne sedatives in relieving headache, and it is no wonder that the headache will persist, in spite of anodyne and hypnotic treatment, so long as the heart is allowed to keep on pumping the cranium full of blood.

In this case one dose of the veratrum will often stop the headache, as if by magic. In fact, the more we know of its effects, the wider appears its range of application. Even now its therapeutical effects, both directly and indirectly, are recognized as promoting sedation of the heart and blood vessels, slowness of respiration, diminution of temperature, equalizing nervous and circulatory systems, resolving hypertrophied organs and tissue, relieving pain by diminishing the pressure of blood. It often acts directly as an emetic, promoting diaphoresis and ex pectoration, and as a general alterative.

Shaftsburg, Mich.

Selections.

Post-Partum Hæmorrhage—The Actual Cautery, and Inversion as Remedies.—The following extract from an article by Dr. E. A. Cobleigh, of Athens, Tenn., in the *Atlanta Journal of Medicine*, besides suggesting a new method in the treatment of post-partum flooding, shows also considerable courage and presence of mind under trying circumstances. The patient was safely delivered of her second child, but after the removal of the placenta it was found that the uterus only partially contracted and that the flooding was as if from an open flood-gate. Combined internal and external manipulation only succeeded in producing a sort of vibration of the uterine walls, but no stoppage of the stream. Frictions, titillations, aortic compression, cold water externally and internally were also freely used, but to no purpose.

"There was nothing which would answer as a hemostatic agent—not even alum—in the house; no ice to be had, though the weather was cold; no syringe obtainable; no time to send for remedies or counsel. It was one of those cases where the physician cannot consult text books—cannot even get the desired remedies to use—but must rely on his own unaided judgment, do his best with the limited means at his command, keep cool, and assume of necessity the weighty responsibility involving life or death to one who has confided her safety to his keeping. I felt the immense interest at stake, and saw my patient evidently nearing eternity, despite every effort I was able to put forth in her behalf. Never had I witnessed or heard of a case exactly parallel to the one in hand.

"Mrs. B. fainted, but speedily revived. The womb had now ceased its wavy action and assumed a tonic state of semi-contraction, yet hemorrhage continued, though not so profuse. Her face was blanched; she complained of blindness (partial, not complete), tinnitus aurium, and other symptoms of profound systemic exsanguination. There were no spirits or other stimulants to be had, but a messenger had already been dispatched to a neighbor's house for brandy. The pillows were taken from beneath her head, the foot of the bed was raised and hot flannels applied to the body.

"Just at this crisis I espied an iron poker standing near the fire-place. I had it heated in the blazing fire, which required but a few moments' time, and then, as a *dernier resort*, turned my patient on her side and cauterized the spinal region over a surface one-third the size of my hand. The eschar was perhaps four and a half inches long by one and a half or two inches wide, and I was not particular to make it regular in outline or calculate its size at the time. The effect was more than I had dared count on. Mrs. B. cried out in pain on applying the iron to her integument, but the uterus almost immediately contracted down and expelled my hand, the hemorrhage ceasing of course; nor was the effect merely momentary, for the contraction continued firm until I left the house two hours later. * * *

"It is unnecessary to particularize regarding the after-treatment in this case. Stimulants, nourishment and tonics accomplished the work of recovery, and Mrs. B. lives to-day to attest the wonderful powers of the actual cautery in arresting post-partum hemorrhage. * * * My experience with it is limited to this one case, and I hope that if it must be further tested the necessity may fall on other shoulders than mine."

The following is another rather novel method. It appears in a translation by the *St. Louis Clinical Record* from *Lyon Medical:* Dr. Pugliese (de Tarare) strongly recommends inversion of the body as the best means of arresting post-partum hemorrhage. The patient is taken by the shoulders and swung around so that the buttocks rest upon the edge of the bed, while the head is lowered to the floor A hypodermic injection of ergotine is then made in the hypogastric region, and the uterus is stimulated to contract by frictions over its surface and irritation applied to its interior. His patient remained thus inverted for about one and one-half hours. When the manœuvre was practised she was pulseless and remained so for several minutes; before the pulse could be detected she regained her senses so as to speak. "The tongue gave signs of life before the radial artery! Inversion alone could work such a prodigy."

THE PROPER TIME TO LIGATE THE CORD.—The *St. Louis Courier of Medicine* gives a translation, by Dr. Derivaux, of an abstract from a paper by Dr. Ribémont, in *Annales de Gynécologie*, in which the proper time for ligating the cord is discussed. It was found by Dr. Budin that if after birth, the child is left, breathing and crying freely, between its mother's legs, unsevered from her, one sees the funis, first deep blue and turgid, soon flatten, and become pulseless after an average of two and one-half minutes. If, after waiting two more minutes the section of the cord is made, no blood trickles from its fœtal end, while the placental one will yield about 11 C.C. If, on the contrary, the separation is quickly made, as soon as the fœtus, disengaged from the maternal parts, has breathed once, the blood will be seen spurting out of the three placental vessels and an average of 98.4 C.C. of it can be collected. This goes to show that to bind and make section of the cord right after birth amounts to depriving the child of 87.2 C.C. of blood, or in weight of 92.6 grammes, or in Troy weight 3 ounces; hence the conclusion: the section of the funis must be made only some minutes after complete cessation of the pulsation of its vessels. About the physiological interpretation of these facts Dr. Budin was of the opinion that the progression of this blood was due to the thoracic aspiration of the fœtus drawing in more blood by the veins than the funicular artery could send out; besides, this aspiration, produced by the gradual dilations of the lungs, being brought to bear longer than the artery of the cord was permeable, thus nearly exhausted the residue of the blood in the placenta. As a sequel to his conclusions, Dr Budin further added: 1st. That this plan of treatment ought to be carried out even when the child was born in an asphyxic state, far from letting blood escape, as is usually done in such cases, from the fœtal end of the cord. 2d. That the practice he recommended made easier the delivery of the placenta, it being then almost empty.

"It remains now to show that the gain the fœtus derives from a late ligation of the cord is not attended later on by any drawback. Here again the balance was brought to play, and placed beyond doubt the fact that, far from experiencing any damage from the practice recommended by Dr. Budin, the child loses less and regains in weight sooner than it would otherwise. Schücking found that in most cases where the cord had been immediately ligated, the children reached their primitive weight from the 10th to the 16th day, while the others did so from the 4th to the 6th. Zweifel's conclusions are that in 11 children of late ligation, the average physiological loss has been 156 grammes; in 25 of immediate ligation it was 211, difference 55. The habitual loss agreed upon by the authors is 220 grammes.

"Hoffmeier, operating on 90 cases, made out that children of late ligation lose 1 per cent. less of their weight than the others, and regain it sooner. Lastly, Dr. Alban Ribémont, of whos memoir this paper is a short abstract, weighed in Prof. Tarnier's clinic 104 children every day of their two first weeks, admitting only the cases where the mother was healthy and nursed herself. He found, as an average, that when immediate ligation had been made, the child weighed on its 10th day 50 grammes less than on the first, while where the cord had been ligated only after extinction of its pulsations, there was on the 10th day a gain of 101 grammes.

"To bring this subject to a close, we have yet to take note of Schücking's remark, that a late ligation facilitates the placental delivery after Crédé's method, an empty after-birth being more easily

forced through an already contracted neck than a full one.

1st. The umbilical cord must be ligated only after its pulsation have entirely ceased.

2d. By this delay the fœtus gains directly an average of 92 grammes (3 ounces) of blood, and is placed in the best condition for further development.

"We do not feel justified by the foregoing statements in recommending, with Dr. Budin, Schücking and Alban Ribémont, the same practice in case of blue asphyxic condition of the fœtus. It seems to us that to upset a treatment recommended by secular experience—namely, a small blood letting by the fœtal end of the cord—something more than mere theory should be required."

THE REMEDIAL AND FATAL EFFECTS OF CHLORATE OF POTASSA.—Prof. A. Jacobi (*Medical Record*). in a paper with the above caption, essays to clearly define the conditions in which the salt is indicated, and adduces instances, which are very convincing, of the poisonous effects of overdoses, and the dangers attendant on the administration of the large doses advised by certain European contemporaries, nota bly Seeligmüller and Sachse. He regards it as peculiarly beneficial in catarrhal, follicular and mercurial stomatitis. In other forms of stomatitis, as, for instance, the infectious stomatitis of the newborn and young infants, the so-called thrush or sprue, it is no more beneficial than simple water or salt and water, and less so than local application of borax in watery solution (without sugar or syrup). He accords it no efficacy in diphtheria, that is, on the membrane *per se*. Its beneficial effect in the disease, if it has any, is on the parts surrounding the patch. By modifying the congestion of these it renders them liable to invasion. Dr. Jacobi is of the opinion, in which many will concur with him, that during the prevalence of diphtheria many cases of sore throat occur which are due to the epidemic influence, although they cannot be classed as *bona fide* cases of diphtheria.

The poisonous effects of large doses are on the kidneys, and Dr. Jacobi details a number of cases in which fatal results were clearly traceable to large doses of chlorate of potash, the immediate cause of death being nephritis. He concludes his paper as follows:

After all the previous remarks, the practical point I wish to make is this, that chlorate of potassa is by no means an indifferent remedy; that it can prove, and has proved dangerous and fatal in a number of instances, producing one of the most dangerous diseases—acute nephritis. We are not very careful in regard to the doses of alkalies in general, but in regard to the chlorate we ought to be very particular, the more so as the drug, from its well-known either authentic or alleged effects, has risen, or descended, into the ranks of popular medicines. Chlorate of potassa or soda is used, perhaps, more than any other drug I am aware of. Its doses in domestic administration are not weighed, but estimated; it is not bought by the drachm or ounce, but the ten or twenty cents worth. It is given indiscriminately to young and old, for days or even weeks, for the public are more given to taking hold of a remedy than to heed warnings, and the profession are no better in many respects. Besides, it has appeared to me, acute nephritis is a much more frequent occurrence now than it was twenty years ago. Chronic nephritis is certainly met with much oftener than formerly, and I know that many a death certificate ought to bear the inscription of nephritis instead of meningitis, convulsions, or acute pulmonary œdema. Why is that? Partly, assuredly, because for twenty years past diphtheria has given rise to numerous cases of nephritis; partly, however, I am afraid, because of the recklessness with which chlorate of potassa has become a popular remedy. Having often met medical men unaware of the possible dangers connected with the indiscriminate use of chlorate of potassa or soda, I thought this society would excuse my bringing up this subject. It may appear trifling, but you who deal with individual lives, which often are lost or recovered by trifles, will understand that I was anxious to impress the dangers of an important and popular drug on my colleagues, and through them on the public at large.

AN IMPROVED METHOD OF TREATING EPIDIDYMITIS.—The different methods of treatment for acute epididymitis usually employed have their drawbacks, not the least serious of which is the rest which they enjoin on the patient, and his consequent neglect of business. Langlebert's method, as described and practised by Horand, surgeon to the Antiqualle at Lyons, and Professor Ziessl, of Vienna, therefore supplies a desideratum. The apparatus consists of three parts—a layer of wadding of sufficient thickness, a square piece of caoutchouc cloth, and a suspensory. This last, triangular in shape and slightly concave, has a hole in its upper edge, through which the penis is passed. To its two upper corners are attached two long bands, which serve to attach it to the abdomen; the lower angle is also attached to two bands, which surround the thighs, these last being connected with and attached to the bandage which goes around the abdomen. The patient, lying in the horizontal posture, raises the scrotum, well enveloped by wadding, as high as possible on the symphysis pubis; then the square piece of caoutchouc cloth is applied, with its shining side towards the wadding, a circular hole having been made in its upper part for the passage of the penis. The suspensory is then put on and firmly secured to the abdominal band. By this means the scrotum is kept almost on a level with the upper edge of the pubis. Horand does not undo the bandage until the end of a week.

and if he finds the swelling has not yet disappeared, he continues the procedure or applies a resolvent ointment or plaster. Professor Ziessl strongly recommends the procedure, having treated by it fifty cases, either in hospital or private practice, and always with the most satisfactory results. In most cases the pain, however severe, ceases almost immediately on the application of the bandage, and the patient is enabled to resume his employment. The cheapness of the dressing and its simplicity, combined with its efficiency, strongly recommend it. It insures almost complete immobility of the scrotum, and the wadding secures an exact application. A moderate compression is exerted, and an abundant transpiration is secured through the wadding.—*Med. Times and Gazette.*

EXTRA UTERINE PREGNANCY.—Dr. N. Chapman, Glymont, Md., (*New York Med. Jour.*, April, 1879,) reports a case of extra-uterine pregnancy in a woman aged about 40 and the mother of four children. This woman, whose mother died in childbirth, was morbidly apprehensive of danger, and especially so during gestation. The preliminary examination was not as thorough as it would have been under other circumstances.

This woman's youngest child was born October 26, 1874, and her menses were re-established in due time. Her last menopause was about May 15, 1876, and was followed by the usual signs of pregnancy.

The physician visited her, not for any trouble connected with gestation, November 27, 1876, and found an oblong tumor lying in the left lateral half of the abdomen, to the left of the umbilicus, and extending upwards to, but not under, the lower ribs. The apex extended into the pelvic cavity. No vaginal examination was made, but fœtal movements were detected, though the woman herself had not noticed them.

On November 28, 1876, while sitting quietly in her chair, sudden and free hemorrhage from the vagina occurred. The doctor, being summoned in haste, found the bleeding profuse, the os patulous and dilated about an inch and a half, and a soft rugated and firmly attached body in the womb resembling to the touch a retained placenta.

Assistance was called, opium given, and a tampon applied. The tampon, which controlled the hemorrhage, was removed the next morning, when the os was closed and the flowing stopped. The woman was kept in bed about a week, and then permitted to be up, but to avoid exciting and disturbing influences.

On January 20, 1877, another examination was made. The abdomen was smaller than at the time of the hemorrhage, and contained on the left side a disk-shaped tumor about five by six inches in extent, movable, but attached on a level with the umbilicus. The os was cartilaginous to the touch and had the usual characteristics of a non-gravid womb slightly enlarged.

On the 5th April, 1877, this woman aborted at about three months, the fœtus being sufficiently developed to distinguish its sex. At this time the tumor was still disk-shaped, attached to the umbilicus, and decreased in size to four by four and a half inches in extent.

Following the hemorrhage there were symptoms of septic poisoning.

This is claimed to be a case of extra-uterine pregnancy, the fœtus becoming encysted and gradually decreasing in size till January 31, 1879, when the woman reports the tumor about the size of an infant's head.

THE TIME FOR BEGINNING THE CONSTITUTIONAL TREATMENT OF SYPHILIS.—In reply to the question whether the constitutional treatment of syphilis should be begun in the early stage, six to eight weeks after infection, upon the manifestation of the first skin symptoms, or at a still later period, v. Sigmund lately stated (*Wiener Med. Wochenschrift*, No. 10, 1879), as the result of his own extensive experience, that the secondary period of the disease is the proper time for the commencement of general medication; and even at this stage he saw no necessity of haste, unless several systems or organs were affected, or unless the variety of disease was very severe, or, finally, in case the general physical condition of the patient appeared to suffer. For the disease in its lighter grade, and when confined to single organs, ordinary local treatment will usually suffice, even in the secondary stage. Abundant experience has satisfied him that antisyphilitic general treatment during the primary stage exerted no influence upon its course, except that in some cases the debilitating course of treatment postponed a cure. Of those treated simply locally at the outset, a very large proportion, almost 40 per cent. of all infected, presented very slight secondary symptoms, sometimes scarcely noticeable by the patients themselves. In the milder class of these secondary manifestations, complete and permanent cure very often followed simple local means. On the other hand, experience has also shown that a general treatment, begun late in the secondary period, is followed by more rapid and permanent results than if undertaken at an earlier date. In his concluding remarks the writer insists upon the importance in each stage of the disease of careful attention to the hygienic and dietetic conditions, and of prompt treatment of all complicating constitutional diseases.—(*Berliner Klin. Wochenschrift.—Cincinnati Lancet and Clinic.*)

THE EXPRESSION METHOD OF KRISTELLER IN HEAD PRESENTATIONS.—Professor Bidder, of St. Petersburg (*Zeitschrift fur Geburtshulfe und Gynekologie*), strongly supports the advantages attained by this method, properly conducted, and thinks in a

great many cases it may replace the forceps, where there is simply defect of expulsive power without abnormality. He believes the method is rejected by many obstetricians because Kristeller advocated its use in the first stages, in which Bidder considers it unsuitable, and also recommended the hand to be applied so as to produce pressure and friction both, whilst the only proper method is to apply pressure to the upper pole of the fœtus only.

Bidder looks upon the method as merely furnishing a certain amount of fœtal axis pressure, and, therefore, holds that it is admissible only during the second stage, when that force of the uterus naturally comes into play. It should also consist merely of a steady push by one hand on the upper pole of the fœtus, care being taken, by rectification of the inclination of the uterus or otherwise, that the pressure is directed along the fœtal axis, and that the latter is kept normal during the pressure.

If any serious obstruction to the onward progress of the head is found to exist, such as an obstinate defect of rotation, the method should not be persisted in, in case pressure on the placenta should asphyxiate the child, but the forceps or other measures must be employed. It should be a steady pressure, and not a combination of pressure and friction.

He considers the method applicable as soon as the head has passed the outer os and the membranes are ruptured, and does not think it need be delayed till the head is distending the perinæum and vulva.—*Edin. Med. Journal.*

DEFIBRINATED BLOOD FOR RECTAL ALIMENTATION.—The committee on Restoratives of the Therapeutical Society of New York (*N. Y. Med. Jour.*, April 1879), after reviewing sixty-three cases in which defibrinated blood had been used for rectal alimentation, submit the following conclusions:

1. That defibrinated blood is admirably adapted for use for rectal alimentation.

2. That in doses of two to six ounces it is usually retained without inconvenience, and is frequently so completely absorbed that very little of it can be discovered in the dejections.

3 That administered in this way, once or twice a day, it produces in about one-third of the cases, for the first few days, more or less constipation of the bowels.

4. That in a small proportion of cases the constipation persists, and even becomes more decided the longer the enemata are continued.

5. That in a very small percentage of cases irritability of the bowels attends its protracted use.

6. That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system.

7. That its use is indicated in all cases not involving the large intestine and requiring a tonic influence, which cannot readily be obtained by remedies employed in the usual way.

8. That in favorable cases it is capable of giving an impulse to nutrition, which is rarely, if ever, obtained from the employment of other remedies.

9. That its use is wholly unattended by danger.

INFLAMMATION OF THE EAR.—SULPHIDE OF CALCIUM.—Dr. Samuel Sexton (*Am. Jour. Otology*, January, 1879,) has used this preparation with great success in the affection indicated. He gives it in nearly all cases where inflammation of the meatus externus is a symptom in some stage or other of the disease, but especially in those where suppuration has occurred or threatens to occur. He also employs it in cases where caries of the bone, periostitis or extensive destruction of the tissues have already taken place. Under this treatment furuncles in the meatus are frequently observed to abort and dry up without a discharge of pus. In cases where the pain is urgent from distension, or collections of pus too large to be absorbed exist, of course free incisions are to be employed. He gives of Calcium sulphide, 1 part; sugar of milk, 9 parts; well triturated; doses of one grain every two or three hours in urgent cases; less frequently in those that are subacute. In children, the dose should be less; a grain of the trituration may be diffused in water The medicine is usually given dry upon the tongue, and the only unpleasant symptom provoked is occasional nausea, caused by its disagreeable taste.

INFLAMMATION OF THE BREAST.—PHYTOLACCA DECANDRA.—We find in the *Medical Summary* the following from Dr. Andrews: Phytolacca has deservedly become a popular remedy with some physicians. My attention was first called to the above remedy three years ago, and ever since I have been using it in inflammation of the mammæ whenever opportunity afforded itself to do so, and, I must say, without a single failure in quite a number of cases. My plan of treatment is as follows: As soon as any symptoms of inflammation make their appearance, or my attention is called to it, I prescribe ten to twenty drops of the fl. ext. phytolacca decandra every three or four hours. The breast should be fully bathed with the fl. ext. or tincture of phytolacca, and a woolen cloth wrung out of hot water applied as hot as can be borne, which facilitates the cure, and gives the patient relief.

LINSEED OIL FOR CYSTITIS.—Dr. J. W. Howe, (*N. Y. Med. Jour.*, April 1879,) reports two cases of cystitis treated by injections of linseed oil. The first patient, a man aged 29 years, had suffered for six months and micturated twenty-four times a day, the urine containing a large amount of mucus and pus. The ordinary remedies producing no benefit, eight ounces of linseed oil was injected and retained as long as possible each day. In one week the cys-

titis improved, the pus and mucus disappeared, and the urine could be retained four hours without discomfort.

The other patient, aged 49 years, after suffering three months, used similar treatment with equally favorable results.

HOMŒOPATHISTS AND THE PLAGUE.—According to the *Medical Press and Circular*, at the last meeting of the British Homœopathic Society, Dr. J. C. Burnett, after reading a paper on the plague, moved, "That a committee of this society be formed to diagnose the medicines most homœopathically indicated for this disease, in order that the profession may be ready for its possible approach." A committee was appointed for the purpose, and it is said that a similar step is being taken by the Homœopathic Society of Paris.

We all hope that the plague will be kept from our shores, but perhaps the homœopathists would regard its presence as a fine opportunity of showing their strength in combating a disease in the cure of which the regular faculty has confessed its impotence. What, in fact, could be a more crucial test of the superiority of their system than to see the plague stricken patient, who has only a few hours to live, gradually rally under the magic influence of those little globules—wake up, indeed, like Lazarus from his grave, and confound all unbelieving allopathists around him? What a wholesale conversion of the people to the tenets of homœopathy would then take place! Chemists would have to shut up their shops. Conversion to the new faith, or absolute ruin, the only alternative for the allopathist. Anatomy, Physiology, and Pathology, would be at once divorced from practical medicine; and symptomatology alone reign supreme. Verily, we are surprised that some enterprising homœopathists did not long ago pack up their traps and visit those plague-stricken districts where people have perished by thousands, and whole villages have been depopulated by a disease which *we* cannot cure. We are, moreover, astonished that the above philanthropic announcement was not made before. Perhaps the little risk there is now of the plague reaching us has made the homœopathists unusually bold in their pretensions. Perhaps if we had the misfortune of witnessing an epidemic of this formidable malady, a judicious silence would mark the behaviour of these practitioners under circumstances so trying.

CHOLAGOGUE.—Dr. W. Rutherford, F. R. S., has been making a series of experiments with various agents, with a view to ascertaining their action on the liver. He finds that nitric acid, physostigma baptisin, phytolaccin, ammonia benzoate, ammonium phosphate, sodium salicylate, all stimulate the liver. Menispermin and veratrium have a stimulating action on the intestinal glands only.

A CASE OF LUPOID ULCERATION TREATED LOCALLY WITH SALICYLIC ACID.—Henry G., aged seventeen, was admitted on January 15, 1879. Patient was a well-grown but markedly strumous-looking lad. The nose, upper lip, and both sides of the face were red and swollen, the erythematous flush extending as far upwards as the malar bones, and outwards to about the situation of the second molar teeth. The alæ of the nose were deeply ulcerated, and covered with recent exudation. Patient stated that when about four years of age he fell and struck the bridge of his nose against the castor of a table, and that the disease had started at that time, commencing at the spot where he had received the contusion. Patient's father and mother were alive, but he had lost two sisters and a brother from phthisis, and other members of his family were also phthisical. He had himself always been in the enjoyment of good health, with the exception of the disease about his face.

The treatment at first adopted, after poulticing the parts to remove the crusts, consisted in the local application of a salicylic acid lotion, twenty grains to the ounce, and the internal administration of cod-liver oil and nitric acid with cinchona. Subsequently, on February 5, salicylic acid in powder was ordered to be applied to the ulcerated surface. The effect of this application was to make the ulcerated part assume a healthier appearance, and towards the end of March, when patient was still in hospital, the loss of substance had apparently ceased to go on. The margins of the growth had not invaded any new tissue while under observation, and the general health of patient had kept up to a fair standard.—*Medical Times and Gazette.*

FALSE CALABAR BEANS.—The *Pharm. Zeit.* says that during October last two different kinds of beans were offered in the London market as Calabar beans; one of them was the seed of *Entada scandens*, which are circular, one to two inches in diameter, about one-third of an inch thick, and have a very small hilum; the other was the seed of a species *Mucuna*, about three-quarters of an inch broad, a quarter thick, and provided with an extremely large hilum, passing nearly all around the bean. Genuine Calabar beans were scarce.

ASSIMILATION OF COD-LIVER OIL.—Physicians attached to the staff of the Episcopal Hospital in Philadelphia have recently been conducting a series of observations on the assimilation of cod-liver oil, and in cases where no marked effect has followed its use the oil has been found in the fæces; on the other hand, cases in which the oil did not appear in the stools were such as gained flesh under its use.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, MAY 25, 1879. No. 10

Editorial.

The Late Meeting of the American Medical Association.

The meeting at Atlanta, commencing on the 6th inst. and continuing the usual four days, was one differing in no material respect from its predecessors. It is a beautiful fiction that the American Medical Association is a scientific body, and that at each of its meetings science receives a renewed impetus. Doubtless there are some honest minds with whom the wish is father of such thoughts, but it requires only an attendance at one of these annual deliberations to remove any such impression. The general meetings are great unwieldy masses, devoid of concentration of purpose, and the work of the sections consists largely of the reading of commonplace papers, and discussions on the same, which are, if possible, still more commonplace. But in spite of this, the American Medical Association is a good thing, and one which the profession of this country could ill afford to have die out. There are things in connection with the physician's life which are fully as important as science. There are the friendly intercourse at the meetings, the glad re-unions, and the elegant receptions usually given by the citizens. These things are all necessary to the make-up of the fully rounded-out man, and the meetings of the Association are the best opportunities which many who attend them enjoy of cultivating the æsthetic. The doctor whose life is spent in the roughness and vicissitudes of a country practice is more largely profited by the splendid social features of the Association meetings than by the long-winded compilations which constitute so many of the papers presented. May the shadow of the Association never grow less!

A careful perusal of the proceedings of the late meeting fails to reveal anything of importance that was done. President Parvin's address was, however, a feature. Its subject, "Philosophical Problems," gave its author an opportunity to treat of questions which medical men are prone to consider too little, either because of their fancied unimportance or because they are regarded as belonging more properly to the domain of metaphysics or religion. The following are the questions which were discussed: Pain—its meaning; the Mystery of Death; the Nature of Man; Heredity; Human Duality; Man's Spiritual Nature; Materiality of Mind; Final Causes; Man's Immortality. The address was worthy of its author, and was a soothing relief from the addresses of the past few years at least, which harped on the threadbare themes of Ethics, Medical Education, Society Organizations, etc. We wish we had space for it; it would be a treat for our readers. We doubt not, however, that anyone who may wish to read it can be supplied with a copy by addressing Dr. Parvin, at Indianapolis. The Association showed its appreciation by ordering 5,000 copies of the address to be struck off. The number is not enough. A copy should be placed in the hands of every doctor in the country.

The Association, as we have noticed elsewhere, postponed action on the proposed amendment to the Code, for one year. The discussion shows that even those who originally favored the amendment, and who still probably endorse its spirit, were convinced of the absurdity into which their zeal had led them. As pointed out by Dr. Dunster, the principle embodied in the proposition, if fully carried out, would lead to the arraignment before the Association of every medical author in the country, for all, through their books, educate all classes of students who choose to read them. Competent lawyers, morever, have declared the proposed amendment to be a farce. No State in the Union would for a moment deny the admission to a

college working under its charter of a student because of the views he might entertain on questions of therapeutics. The originators of the movement which took the form of the proposed amendment had evidently become convinced of these facts, and they laudably endeavored to let themselves down as easily as possible. To this end they labored, with success, to stave off a vote until another year. Next to killing it outright, this slow death is the best disposition that could be made of the ridiculous thing.

The Association referred Dr. Brodie's resolution declaring the use of copyrighted medicines unethical, to the Judicial Council, and that body will deliberate on the matter a year.

Dr Lewis A. Sayre, of New York, was elected President, and New York was selected as the next place of meeting. The selection (of the place of meeting) will give general satisfaction.

Miscellany.

THE PROPOSED AMENDMENT TO THE CODE OF ETHICS.—We give below the report of the Atlanta *Constitution* of the discussion and action on the amendment to the code of ethics, proposed at the Buffalo meeting of the American Medical Association, making it a violation of the code for teachers in regular medical schools to lecture to students who intend to practice irregular medicine. It will be noticed that final action has been postponed another year. This is a virtual victory for the opponents of the proposed amendment, although they failed to secure a vote on the question. The longer action thereon is deferred the greater the likelihood of its defeat. Had a vote been taken at the Buffalo meeting the amendment might possibly have been adopted, but with each year its chances diminish. Dr. Dunster's speech was a masterly effort, abounding in unanswerable argument and convincing logic, and was marked throughout by a liberality of view which is the honor of a true scientific man. The synopsis given below contains the outlines of his remarks:

Dr. E. S. Dunster, of Ann Arbor, spoke in opposition to the amendment. He said he had no personal motive in opposing it, or any desire to shelter himself from the responsibility of any past teaching. He said he wished to remain in the association, but not even membership would be a fitting price for the abandonment of scientific convictions. He feared the amendment would bring dishonor and disaster on the profession. The code says medicine is a liberal profession, but this amendment makes it close and exclusive. The whole spirit of the amendment is opposed to the broad principles of true science. He attacked the amendment on various grounds. Said it was impossible to enforce such a statute. It would be a dead-letter law, a reproach to the wisdom of the body that enacted it. A thorough enforcement of this law would close every clinic in the land. In nearly every clinic in large cities are found homœopathic students. He said in the leading homœopathic colleges text books by leading allopaths are freely used. This is teaching the students of an "irregular" system, as it is called, and you can't help it. Legally, the amendment will be futile. If the student of an irregular system, as it is called, were to apply to a State school and be refused, he could obtain a mandamus in any State of this Union to give him an entrance and provide him tuition. What is the use of setting up limitations which cannot be carried out? He argued also on the merits of the question. It is based on an assumption of a most fallacious character. It assumes that the teaching of the students of irregular systems will tend to build up these systems. This is folly. It declares that the teachings of science leads to error—a proposition which no man in his senses will give his endorsement. Such a principle carried out would prevent a minister of Christ from preaching the gospel when there were atheists or sinners in his congregation. History has to-night nothing plainer than that truth is the antidote and finally the victor of error. If rational medicine cannot triumph in such a contest she deserves to fall and be buried in dishonor. (Applause.) The address caused a sensation in the association.

Dr. Dudley Reynolds moved to lay the amendment on the table, as he said the amendment had been killed.

A member appealed for free discussion on both sides. A voice: "The gentleman who moved to table the motion only a moment ago was for free discussion." (Laughter.) The motion to table was withdrawn.

Dr. Davis said he did not wish to discuss the matter, but he would state the reasons which led to the report which proposed the amendment. The association had taken the steps which made the amendment a necessary result of its action. The judicial council, as

a committee, was ordered to report just such a clause. The amendment was the best that could be done. It did not follow that the committee favored the amendment. He said it would be repugnant to him to teach students of an irregular college, who merely came in to catch what they could of his teaching. He admitted that there was a line beyond which the code of ethics could not be carried without coming in contact with State and municipal laws. Dr. Davis' remarks were sound and fell upon attentive ears.

Dr. Pratt said the argument against the amendment was specious. It was the argument of those who wanted to make money by teaching irregular pupils and be considered ethical, while practitioners are considered non-ethical if they associate with such pupils after they become practitioners. He moved that the proposed amendment lie on table until next year.

Dr. Brodie, of Detroit, moved to lay that motion on the table. The vote was taken by rising. The yeas were 72 and the nays 122, so Dr. Brodie's motion was lost. The announcement was received with applause. The motion to table till next year was carried.

THE WAY IN WHICH CLINICAL LECTURES ARE PREPARED.—In No. 3 of the current volume of the NEWS we gave an abstract of a lecture by Prof. Alfred Stillé, of Philadelphia, on acute articular rheumatism. In this lecture Dr. Stillé is reported to have condemned salicylic acid in the experience of others, not having himself tried it, as not only useless but positively injurious in the treatment of the affection. In giving the abstract we took occasion to remark that "in the face of the accumulated testimony to its efficiency, the profession will hardly condemn salicylic acid on Prof. Stillé's dictum." Other journals subsequently criticized the lecturer's statement on this point, and the Louisville *Medical News*, of March 29th, in addition to its criticism of the treatment, made it the text of some not very complimentary remarks on the profession of Philadelphia. The Philadelphia *Medical Times*, in its issue of the 26th ult., feels called upon to defend the fair name of the profession of the city of Brotherly Love, against these attacks, and in doing so it lets in some light on the manner in which clinical lectures and reports are prepared for some of our Eastern representative journals. It says:

"In the first place, eminent as Dr. Alfred Stillé is, he is not Philadelphia, and a tirade against the learned profession of this city, because the learned professor has not tried the salicylic-acid treatment of rheumatism, is ridiculous. Probably nine-tenths of the active profession of this city to-day rely upon salicylic acid and its salts in the disease alluded to.

"Again, it is uncertain whether Dr. Stillé ever said what is attributed to him. Lectures, we know, have been reported from this city in various medical journals, in which the lecturers have been seriously misrepresented. We know that skeleton notes have been worked up at home by means of text-books, the lecturer being made to say what, in the opinion of the reporter, he ought to have said, whether he said it or not; and we know also that, at least in some cases, the views of the lecturer have been greatly distorted. It seems hard to say these things, and yet it is high time that they were said. We know no reason for believing that the cases especially referred to are isolated. The prolificness of some of these reporters is gigantic, and there is being rapidly built up in American journals a whole clinical literature for which the best men in the profession in the country are seemingly responsible, but which is full of inaccuracies, absurd theories, etc., which have their origin not in their apparent source, but in the ignorance and audacity of medical reporters.

DON'T BLOW YOUR NOSE.—The *Medical Herald* says it is wrong for one to blow his nose—wrong, not so much because it isn't nice, but because it is dangerous; it jeopardizes the tympanum and irritates the Schneiderian membrane. The epithelium of the latter "is so arranged that blowing the nose detaches these delicate cells just as the scales of a fish would be displaced by forcibly blowing under them. The proper thing to do when the nose becomes suddenly obstructed from swelling in the membrane is to hold the alæ close to the septum and presently snuff strongly, so as to carry the augmented secretion into the throat. In cases of hyperæsthesia of the nasal membrane, inhale through the nose and exhale through the mouth. Professor Donders lays great stress upon this method of curing an acute catarrh without medicine." It puzzles one to understand how it is possible to "snuff strongly" with the alæ held close to the septum; but even if such an act were possible, and the substitute for nose blowing were according to physiological rule, we should prefer the risks of the old-fashioned method to the snuffing and hawking of the new.

A PRACTICAL REFORMER.—An occasional protest is raised against the extravagance of funerals, but no one seems ready to inaugurate the reform which few will deny is desirable. Doctors are as much interested in this reform as any. People who consider the undertaker's bill a debt of honor, and who will scrape and save to pay it, are not all distressed about the doctor's bill. Possibly if the relicts could be persuaded to lavish less wealth on the dust of the "dear departed" they might find it less difficult to settle for the medical attendance. A doctor recently died in England, who, doubtless, often felt, as we all have, the senselessness of the extravagance of modern funerals, and took a sensible and practical means of working a reform. He believed that this reform, like charity, should begin at home and the following are the provisions of his will, touching his interment:

"There is to be no wake whatever. My brothers and sisters, with their children, are to be the only persons admitted while my body is laid out. No clergyman is to be invited to my funeral; as they do not attend the burial of the poor, they shall not attend mine. No crape, gloves, cypruses, hat bands, or such emblems of mourning, to be made use of at my funeral. The cost of my coffin shall not exceed £1. The money thus saved, amounting to over £60, shall be distributed among the poor of the village of ——, where I have lived for the last thirty-three years."

SHOEING HORSES.—The noble, patient horse, which allows us to maltreat him, and despite his strength never disputes our right, will thank the Rev. Adirondack Murray for the protest he has entered against the ordinary method of shoeing him. The reverend gentleman's directions are at all events reasonable and commend themselves as humane. He says: The nails should be quite small and driven in more gently than is the custom. There is no reason why the smith should strike a blow at the little nail-head as strong as he would deliver at the head of a spike in an oak beam. The hoof of the horse is not an oak stick, and the delicately-pointed and headed nail is not a wrought-iron spike, and yet you will see the nailer whack at them as if it was a matter of life and death to get them entirely set in with two blows of the hammer. Insist that the nailer shall drive his nails slowly and steadily, instead of using violence. In this case, if his nail is badly pointed and gets out of the proper line of direction, no great injury is done. It can be withdrawn and a new one substituted without harm having been done the foot. But the swift, blind and violent way prevents all such care, and exposes the horse to temporary if not permanent injury. Gentleness should be exercised in clinching the nails. Never allow a smith to touch a rasp on the outer surface of the hoof. Nature has covered it with a thin filament of enamel, the object of which is to protect the inner membrane and fibre from exposure to water and atmosphere. The enamel is exactly what nature places in the finger nail. Under no circumstances should it be touched. If it is removed, nature will be wickedly deprived of her needed covering, and cruelly left exposed to the elements.

MICHIGAN STATE MEDICAL SOCIETY.—The fourteenth annual meeting of the Michigan State Medical Society will be held at Detroit, commencing at 10 o'clock A. M., on Wednesday, June 11, 1879, and continue in session two days. It is earnestly hoped that not only all members of the society, but every physician in the State will manifest an interest in this organization, not only by kindly feelings and sentiments in its behalf, but, as far as practicable, by their personal presence and scientific contributions.

The Michigan Central, the Detroit, Lansing and Northern, the Grand Rapids and Indiana, and the Detroit, Grand Haven and Milwaukee railroads will sell *round trip* tickets at two cents per mile each way, on presentation of the required certificate of identification.

If early application is made, the Recording Secretary of the Society will send such certificates to all physicians, who do not receive them with this notice, and who may wish to travel over one or more of these roads in going to and returning from this meeting.

GEO. E. RANNEY, M. D.,
Recording Secretary.

The Executive Committee have selected St. Andrew's Hall, corner Woodward avenue and State st. as the place of meeting.

CARBOLIZED AIR.—As an offshoot of Listerism, air which has been passed through liquid carbolic acid is recommended by Prof. Sneller, of Utrecht, as a substitute for the carbolic spray. The method suggests itself as a good one. The object of Lister's method is to destroy the bacteria, but the acid employed for this purpose is itself a foreign matter, and, as such, must irritate to a greater or less degree. The carbolized air has the advantage of purity, and is, at the same time, free from the objections to the spray. In practice, the air has been found to diminish the bleeding from a cut surface, while the spray encourages bleeding by the moisture it maintains.

THE OBSTETRIC GAZETTE.—This journal, the publication of which was commenced last July, is amply justifying the hopes raised by its first number. We congratulate Dr. Stevens on the success which has attended his efforts to give to the profession a cheap and good monthly obstetric journal. The physicians of this country, and particularly, perhaps, of the West, have especial reasons, aside from the excellency of the publication itself, for supporting this journal. The price is $3 per year. It will be furnished to subscribers of the MICHIGAN MEDICAL NEWS for $2 per year.

Paragraphs.

There has been a decrease in the number of medical practitioners in France since 1866 of 2,446.

Read not to contradict and refute, nor to believe and take for granted; but to weigh and consider.—*Lord Bacon.*

Sympathy is a "pathy" that touches many a sore heart when homœopathy and allopathy have utterly failed. There is no power in the world so magical in its effects as sympathy.

Dr. Eugene Smith, of this city, was elected secretary of the Section on Ophthalmology, Otology and Laryngology at the late meeting of the American Medical Association. He was also appointed a member of the committee for revision of papers for this section. Dr. Smith is an enthusiast in his specialty, and his selection to these positions is a judicious one.

Dr. James M. Morgan, the last surviving officer of the Pharmacopœia convention of 1870, has issued a call for the next decennial convention, to convene at Washington, D. C., on the first Wednesday of May, 1880 The call is to the several incorporated State medical societies, and the incorporated medical colleges and colleges of pharmacy of the country.

Charles Murchison, M. D., LL. D., F. R. S., of London, died on the 23rd ult. His great literary work was "The Continued Fevers of England." He is known also as the translator of Frerich's "Diseases of the Liver." The latest distinction conferred on him was his appointment as physician in ordinary to the Duke and Duchess of Connaught.

A young M. D., graduate of the Medical Department of the University of Michigan, 1879, would like to share an office with some physician, where his services might be required as an assistant. Is familiar with the uses of the microscope and electric battery, both of which he will furnish, and, if desired, will take the entire charge of these departments of practice. References of moral character and professional attainments if desired. Address P. O. box 182, Mercer, Pa.

The *Medical Herald* is the latest applicant for professional favor and subscriptions. It is edited and published by Dr. Dudley S. Reynolds, of Louisville, Ky. It is a monthly of 48 pages, and will be supplied for $2.00 a year. With the journals already existing there, we should hardly have selected Louisville as a promising field for a new journal; but the *Herald* intimates that it has come to stay, and if it keeps up as it has started out, it deserves not the fate of those whom the gods love.

THE SCHOOL-MASTER ABROAD.—On the fourth cover page of the published proceedings of the last annual meeting of the Michigan State Medical Society, issued last year, appears the following somewhat lucid announcement: "The fourteenth annual meeting of the Michigan State Medical Society will be held at Detroit on the second Wednesday in June, 1879 (*11th inst.*), commencing at 10 o'clock A. M." The italics are ours.

An Algonac, Mich., doctor writes it thus: "Slippery ellm ʒ ij."

Rev. J. M. Arnold, of this city, is editor of the *Mich. Christian Advocate.* He is also a member of the firm of Arnold & Willyoung, bookdealers and stationers. The firm handles medical books, and, in consequence of this fact, Bro. Arnold has acquired quite a familiarity with medical terms, as witness the following, clipped from the *Advocate:* "Dr. E. W. Jenks, of Detroit Medical College, has been invited to the chair of chemical genealogy in Chicago Medical College." Our readers were some time ago apprized of the fact that Dr. Jenks had accepted the appointment to the chair of Clinical Gynæcology in the college referred to, and they will congratulate him on this additional honor conferred.

Original Articles.

Gelsemium in Facial Neuralgia.

BY J. M. BURGESS, M. D.

A certain school of practitioners place great dependence on gelsemium as a therapeutic agent, and notwithstanding the suspicion which certain practitioners of another school would cast upon it, there exists abundant testimony to its value in properly selected cases. The National Dispensatory, by Stillé and Maisch, lately issued, speaks of it as "one of those too numerous remedies which have been used in a great variety of sthenic febrile diseases upon no better ground than their power of lowering the pulse and depressing the nervous system. Incalculable mischief has been caused by them, and more is likely to be occasioned by gelsemium in febrile affections." Such testimony from such a source is not calculated to predispose one in favor of this article; but when it is known that Prof. Stillé condemns salicylic acid much more

roundly, and accuses it of "incalculable mischief," that the Dispensatory ascribes to grindelia robusta and grindelia squarrosa similar thereapeutic properties, and that of all the drugs introduced to the profession within the past few years it regards jaborandi as alone entitled to favor, the force of its objection to gelsemium will be materially weakened.

I have no doubt that I could with safety appeal to the readers of the NEWS for testimony in favor of gelsemium as an antipyretic, but it is not the purpose of this note to argue its general merits; I wish merely to report the following case in testimony of its efficacy in facial neuralgia. I had in my practice a case of this painful and aggravating affection, which had resisted all previous treatment. Relief from pain was only secured by morphia, and this relief was but temporary. The patient was fast becoming addicted to the opium habit, when I put him on ten-drop doses of the fluid extract of gelsemium every three hours. This was two weeks ago, and to-day he came in to thank me for the wonderful relief it brought him. I had used the medicine in other cases of a similar nature, and with such success as to lead me to regard it as almost infallible.

NORTHVILLE, MICH., May 19, 1879.

Gonorrhœa, Chancre and Chancroid.

Clinic at the Detroit Medical College.

BY H. O. WALKER, M. D.

GENTLEMEN—We have here to-day three cases that illustrate, pretty nearly, what you may expect to find in an ordinary case of gonorrhœa that is allowed to run its course.

Case 1. M. A., aged 23 years, was venereally exposed three days ago, and yesterday he observed that urination was attended with more or less irritation and an increased mucoid secretion. To-day it is plainly manifest to you from appearances that this man has gonorrhœa in the inceptive stage.

Case 2. Aged 19 years. This man has gonorrhœa in the stage of activity or progress, having already existed about a week. The symptoms are as follows: Great pain on micturition, copious purulent discharge, prepuce swollen, irritated and inflammed lymphatics of penis, with sympathetic bubo, and nightly attacks of chordee.

Case 3. Aged 32 years. This man tells us that it is now about ten weeks since he contracted gonorrhœa, has had pretty much the symptoms of the case preceding, but they have all disappeared, with the exception of the muco-viscid discharge, noticeable principally in the morning or on increased exertion. This stage is termed the stage of decline, or gleet.

These patients represent to you the different stages of gonorrhœa, or urethritis, without any of the extreme symptoms or complications. The term gonorrhœa is a misnomer, and as custom has handed it down to us, we accept it, but urethritis is decidedly the more applicable term. Let me draw your attention to the anatomy of the lining of the urethra, that you may better appreciate the pathological changes that take place during an attack of urethritis. It is a mucous-lined canal, the membrane being composed of stratified epithelium resting upon a basement membrane, and surrounding this are muscular fibres, and connective tissue, supplied with vessels and nerves, which is united to the corpus spongiosum by a fine membranous attachment. These epithelial cells lining the mucous membrane throw off a bland secretion (for the purpose of lubrication) which consists of mucosine, holding in suspension mucous corpuscles and epithelial cells. Now, when the urethra becomes irritated from any cause, we have an increase of the epithelial element, that is, the epithelial cells are thrown off more rapidly, become rounded, and as the inflammation increases there will be cell proliferation, until finally it degenerates into the pus-corpuscle, and thereby converting the mucous secretion into purulent discharge, which condition already described you observe in the first two cases. In the last case the condition is somewhat different; the general inflammation has subsided, and the irritation we will undoubtedly find localized. I now introduce a No. 28 F. bulbous sound, and you observe that the patient evinces pain at a half and one and a half inches from the meatus. The inflammation has localized itself at these two points, indicating an enfeebled mucous membrane at these points, a lack of cell vitality and possibly an entire loss of epithelium. Gleet, as I have heretofore told you, is a logical sequence of stricture of the urethra; yet it may be, in fact always is, present at the formative stage of stricture. It is also kept up if the disease locates itself in the glands of Littré, especially the lacuna magna, and when this is the case, you will find an obstinate trouble to deal with. Excessive venery, acrid urine, masturbation, and a rheumatic or gouty diathesis are often the cause of a gleety discharge. Gonorrhœa is, however, the most frequent source of a chronic discharge from the urethra.

Treatment.—We will confine ourselves, to-day, to the particular treatment of these patients before us, and not entertain the mode of treatment for cases having a special cause or symptoms The patients all admit having contracted the disease from impure intercourse. Now, the parties from whom the disease was contracted may, or may not, have had specific gonorrhœa. They might have had either leucorrhœa, vaginitis, or the sexual act may have been consummated at or just after menstruation. Repeated and prolonged coition may give rise to a urethral discharge. Whatever may have been the cause, our treatment would be the same in these cases. We recognize the fact that gonorrhœa is a local disease, and we will

treat it as such. It is our custom to use a mild astringent disinfectant injection, and in a very large number of cases treated, have had the best results from the use of permanganate of potash, one-quarter to one-half grain to the ounce of water, used at intervals of every three or four hours. The syringe used should hold an ounce, and have a bulbous nozzle. The injection should never be used before urination, but right after, for by the act of passing the urine any accumulation of pus in the urethra is washed out. Retain the injection for a few moments; this is best done by pressing the lips of the meatus just above the nozzle by means of the thumb and fore-finger.

The other indications are rest (if possible) and some alkaline internally to neutralize the urine and make it less irritating to the urethra. In addition to this, we would recommend cooling lotions to the penis and the groin. In the second case, the chordee can be best controlled by applying mercurial ointment along the course of the urethra. In case three, the injections should be kept up with the occasional introduction of a full-sized steel sound. This, undoubtedly, breaks up the unhealthy granulations, and at the same time you get the special tonic effect of the steel sound and avoid the formation of stricture.

Chancroid and Chancre.—This man has, you observe, several sores on the glans penis and inside of the prepuce, and it is with difficulty the glans is exposed owing to the swollen condition of the prepuce. He states that he last had intercourse ten days ago, or thereabouts, and on the second day after noticed a pustule on the glans, which broke and discharged pus, and ever since there has an occasional one cropped out. An examination reveals no enlargement in the glands in the groin. Now, these sores present an irregular burrowing edge, with soft base, and a copious purulent discharge. Sores painful.

This other patient I show you, also, has a sore on the penis, which has been there for about two weeks, or longer for all he knows, for it has not given him much physical uneasiness. When he first saw it he says it was a "little lump" (we will call it a little papule) since that time it has been getting larger, until now it is about the size of an old-fashioned three-cent piece, with elevated edges, sloping toward the centre, forming a saucer-like depression, and by picking it up between the thumb and finger, we find it is very hard. and adherent to the skin, the discharge is slight and watery. The glands in both groins are enlarged and indurated.

These two cases illustrate, typically, two forms of venereal diseases, namely chancroid and chancre, having for their origin two separate and distinct viruses, and the one cannot produce the other, and vice versa. It is not always that we are able, thus easy, to make out the diagnosis.

A chancroid always commences as a pustule and a chancre as a papule or erosion. There is no period of incubation in chancroid, while in chancre it may be anywhere from ten to thirty days—that is, before the manifest appearance of the papule—yet I firmly believe that the wedging in and multiplication of the syphilitic cell commences immediately as soon as the virus is absorbed, and that there is really no period of incubation.

A chancroid soon becomes a multiple sore from innoculation, while a chancre remains single, unless several points of abrasion are present at the time of innoculation.

A chancroid is a painful, purulent sore. while a chancre is a painless, serous sore.

A bubo from a chancroid occurs only once in about three times, and always suppurates, while a bubo from a chancre is always present and rarely ever suppurates.

The virus of a chancroid is auto-innoculable, while that of a chancre is not.

Time will not permit us to further discuss the various points of differential diagnosis, but remember that a chancroid is always a local disease, and that a chancre is always the initial lesion of a constitutional disease.

Treatment.—Treat a chancroid locally. If you see it early enough, that is, before the sore becomes burrowing or multiple, thorough cauterization is the remedy, but if it presents, as we see in this case, too much destruction of tissue will be required to effect a cure, and I question then whether it can all be removed, for it will be quite likely that some of the virus may become absorbed by the lymphatics. I am in habit of treating these cases with the following:

Sage, ℥ j; sulphate of copper, 3 ij; boiling water, Oj; allowing it to stand for a while and then strain. The full strength solution should be applied once a day, and allow the patient to use it largely diluted with water, as a dressing, applying it with lint or cotton several times a day. Cleanliness is a very essential feature of the treatment.

Local treatment of a chancre is not attended with benefit; cauterization will not prevent constitutional infection. We will give this man hydrarg. protiod, in one-sixth grain doses three times a day, and if he bears it well, will increase it to one-quarter grain. Mercury, when given in "tonic doses," produces no deleterious effects, and patients usually grow fleshy under its administration. Other remedies have been lauded in the treatment of syphilis, but none as yet take the place of mercury judiciously used, in the primary and secondary stages of this disease.

DIASTASED IRON.—This latest pharmaceutical novelty is prepared by soaking cress seeds in a solution of iron. The seeds, of course, absorb the solution and begin to sprout. The process is then stopped, and the seeds are dried and sugar-coated. Diastase is formed when the seeds begin to germinate. Arsenic and iodide of potassium are diastased in a similar manner.

Selections.

RISE OF TEMPERATURE DURING MENSTRUATION.—J. Milner Fothergill, in *Medical Times:* The following case is one of great interest, and opens up a new vista in the future, while it illustrates from a practical point of view the importance of further knowledge of the rhythmic disturbances connected with the catamenial cycles, so well described by Dr. Mary Putnam Jacobi in her prize essay on "Rest for Women during Menstruation,"—a work too little read. There she shows that there is a rise of temperature and blood-pressure gradually ascending from the termination of the menstrual week, and culminating at the commencement of the menstrual flux, during which time they both fall,—these alternating rises and falls constituting the catamenial cycle. Some time ago I was summoned into the provinces to one of our university towns, and found a lady of 38 in the following condition. She was flat on her back in bed, wandering considerably; her tongue brown, with sordes on her teeth; her temperature 103° Fahr., at which point it had stood for six days; her pulse 120; her respirations 40. The urine was highly albuminous. There was a well marked *arcus senilis* in each eye. The lady had had a family rapidly; she had been confined five weeks. She was supposed to have caught a chill which started her malady. The case certainly looked black enough; but, knowing something of her family on both sides, I commenced to search for some local cause for the symptoms, suspecting pelvic cellulitis. A careful search elicited nothing but a patch of congestion at the back of the left lung, whose presence had been recognized for some days, and which was obviously a consequence and not the cause of the general pyrexia. The local doctors held out no ray of hope; yet I ventured to suggest the possibility of recovery. A draught of laudanum and hyoscyamus at night, and quinine four grains, tincture of digitalis and phosphoric acid each fifteen minims, every six hours, were prescribed, and a dietary of milk with some brandy insisted upon. In forty-eight hours the temperature fell distinctly,—a result aided by cold applications. The fall was followed by a sleep undisturbed for six hours. The wandering disappeared; and the amount of albumen was almost nil, and vanished entirely next day. The case progressed favorably; the temperature, pulse, and respiration became normal, the appetite returned, the tongue cleaned, and the spirits revived. The case went steadily on for a fortnight, when suddenly the temperature leaped up to its old place, followed by rise of pulse and respiration, but no albuminuria. This time the alarm created was not so great; but the sudden rise of temperature under the continued use of quinine and digitalis rendered the case still more interesting. There was no evidence of acute indigestion,—a common cause of acute pyrexia,—and, on inquiry, it turned out that the pyretic conditions corresponded to the menstrual weeks of the catamenial cycle. During the week the second pyretic attack passed away, leaving the patient convalescing very satisfactorily.

There are several lessons taught by this case: (1) always to fight the patient all along the line without despairing, especially in the absence of actual demonstrable disease which must almost of a certainty be fatal; and (2) that we know little of the disturbances which really are part of the catamenial cycle, when this has apparently been abolished by pregnancy and lactation. That the patient took forty-eight hours for the full action of the quinine and digitalis to be manifested is probably due to the advanced condition she had reached before these antipyretics were resorted to. The albumen in the urine, which was the chief cause of the gloomy prognosis formed, disappeared as soon as the circulation was steadied by the digitalis, and was probably due to congestion of the renal venules. The whole case is instructive in many ways, none the least being the fact of the value of knowing something about a patient's family history. There are families whose members will only succumb to the onslaught of organic disease, and even then only after a protracted resistance; there are others who go down unresistingly under conditions of slight disturbance. Finally, we have yet much to learn about the different conditions under which albuminuria is manifested, and according to which opium must be withheld or may be exhibited. It is notorious that it is the gouty kidney in which opium is so distinctly contra-indicated; yet there are such cases where opium is well borne, and one case is known to me where a pronounced gouty state did not prevent the patient from a decidedly free indulgence in Battey's sedative without any apparent ill effects.

THE INFLUENCE OF CLIMATE ON PHTHISIS AND RHEUMATISM.—Dr. H. Peters, of Elster, Saxony, has published in the *Berliner Klin. Wochenschrift*, Nos. 2, 3, 1879, some very interesting and careful observations on the influence of the chief meteorological elements of climate on chronic diseases of the lungs, and on chronic rheumatism of the muscles and joints, made by himself in 1865 at Bad Ottenstein, Saxony, where a large number of phthisical and rheumatic patients passed the summer under his care. Ottenstein lies 1,350 feet above the sea, and is sheltered on the north, east, and west by the mountains of Saxon Switzerland. The climatic elements of which notice was taken were (1) the temperature; (2) the relative humidity; (3) the barometric pressure; (4) the direction of the wind; (5) the quantity of ozone. And with regard to each of these the following data were utilized: (1) the daily mean; (2) the mean of each period of five days; (3) the daily difference between the maximum and min-

imum readings: (4) the mean of these differences for five days; (5) the daily maximum; 6 the daily minimum; (7 and 8 the means of both. The observations were made at 6 A. M., 2 and 10 P. M., but the wind was only observed twice daily, and the daily mean and the five days' mean were calculated according to a method described in the original.

The symptoms to which attention was directed in the phthisical and chest patients were (1) the onset of pains in the chest and back; (2) increased cough; (3) the occurrence of bloody sputa; and of (4) the well-known feeling of oppression, which most chest patients designate by the name of tightness (*Beklemmung*). No attempt was made to analyze separately the effect of weather on chronic disease of the substance of the lung and on simple chronic catarrh. In the case of the rheumatic patients the fact of increased pain was noted.

The number of chest cases observed was fifty-six, and of these thirty-five had chronic phthisis, all except one in the first and second stages; fourteen chronic bronchitis, and seven laryngeal catarrh. There were fifty cases of chronic muscular and articular rheumatism. The chest cases were under observation for seventy-six days, from May 17 to July 31, and the rheumatic 105 days, from May 9 to August 21.

The two sets of parallel observations were arranged in the form of curves, of which Dr. Peters gives a complete analysis in his paper. Photographs of the actual tables can be obtained by anyone interested in the subject from E. Tietze, Bad Elster, for 3s. Here we can only give a *resume* of the main results. In chronic phthisis and chronic catarrhs of the respiratory organs, aggravation occurred on the colder days, and concurrently with a rapid fall in the mean daily temperature. It also occurred with a high atmospheric humidity, with a prevalence of northerly and westerly currents, and (contrary to the ordinary opinion) when ozone, or the substance giving the so-called "ozone reaction," was present in large amount in the air. The days on which no aggravation took place were those with low relative humidity, a greatly diminished mean relative humidity, a prevalence of southerly currents, and a low percentage of "ozone."

In the cases of chronic rheumatism the patients got worse when the mean temperature fell considerably from one day to the next day or days, when the relative humidity and the amount of "ozone" were high, and the wind blew from a westerly direction. They were unaffected, on the other hand, on days of high mean temperature, with a low relative humidity and but little "ozone" in the air. With regard to barometric pressure, the only positive result made out in the chest cases was that in "the majority of the patients their disease was aggravated or much intensified on the days when the pressure was high." No positive conclusion, on the other hand, could be arrived at as to a connection between aggravation of chronic rheumatism and pressure On the whole, these observations appear to us in conformity with the general experience of clinical observers.—*Med. Times and Gazette.*

PERISCOPE—SMALLPOX AND GREAT POX.—The occasional similarity of syphilis to variola, which has led to their bearing a common name, is well illustrated by the following cases, given by Mr. Jonathan Hutchinson, F. R. C. S., in a recent lecture:

One of the most remarkable examples of this eruption came under my notice about twelve years ago. A young gentleman called on me with a conspicuous papular eruption on his face and other parts. "I have just had smallpox," he said; "and Mr. —— says that I am cured; but the spots don't go away." He added that Mr. ——, a gentleman of large experience, had kept him in bed a fortnight, and had since sent him into the country for a fortnight, and now said that he might return to his desk at a bank, "but," he continued, "the other clerks won't sit near me, and declare that I have smallpox still." He had a chancre, and the eruption was syphilitic. I have seen several cases which had been treated in the smallpox hospital for eruptions which were undoubtedly syphilitic. But I must not mention the mistakes of others, unless I am prepared to be candid about my own. I had many a time, in clinical lecture, mentioned the preceding facts, and enlarged upon the importance of distinguishing between the syphilitic simular of smallpox and the reality, when my own turn came. One day in the summer of 1877 I was hastily summoned to see a gentleman at his own house, who had just been landed from a sea voyage, during the whole of which he had been very ill. He had been carried from the vessel to his house, and put to bed; and I found him covered from head to foot with crusts exactly like those of variola in the third stage. Some had fallen, and where this had happened, deep scars were left. The eruption had begun to come out on the day that he went on board, and he had been feeling ill a few days before. The stages had been unusually long, but still had not exceeded possible limits. I questioned him as to syphilis, and examined his penis and his throat, but without finding any reason to doubt his denial. In a word, after a careful and skeptical investigation, I thought that the eruption was variola. The sequel proved that it was syphilis; the scabs took months to fall; and just when he was recovering from the eruption he had iritis, which I could not doubt was specific. At this stage, three or four months after I had seen him at home, in bed, he came to Moorfields Hospital. His face was pitted all over, and I had much difficulty in convincing those who then saw him that he had not really had smallpox. I could not quote an instance more conclusive in support of the assertion that one of the

forms of syphilitic eruption is exactly like smallpox in all its stages, and in its resulting scars. Slow progress is the one difference between the two exanthems. The similiarity is produced, no doubt, by the fact that syphilis, in these cases, attacks precisely the same anatomical structures as those in which the variolus pustule is developed. It is scarcely needful to remark that this form of eruption always occurs in the secondary stage.

OBSTINATE CASE OF CHRONIC ECZEMA, WITH PSORIASIS—CONFINED TO KNEES AND ELBOWS—CURED BY CHRYSOPHANIC ACID.—Dr. J. H. Claiborne, *Va. Med. Monthly*: This lady, æt. 46, has been suffering with this cutaneous eruption about eighteen months—maybe longer. She is otherwise in excellent health, of florid complexion, plethoric, and disposed to be corpulent. There is infiltration and thickening of the dermis over the whole anterior aspect of the knees and posterior part of the elbows —with crusts and fissures of eczema about the central parts of the eruption, and abundant scales of psoriasis on the outer boundaries. The subjective symptoms are itching and burning. She was disposed to be fleshy, seemed well nourished, and was free from any traceable taint of scrofula or syphilis.

As her present condition, however, was bad, I placed her under an alterative course of mercury with cinchona for a few weeks; then upon arsenic, iodine, potash, etc. The first local treatment was of soothing character—lotions of flaxseed tea, meal and water, ointment of oxide of zinc, and subsequently, of course, all the tars, precipitates, red and white ointment, gloves, total disuse of hands, etc., including electricity—constant current.

The general health was, in the course of two months, re-established, though during the time there was softening and suppuration of the glands in one groin and in both axillæ. The local symptoms, however, were most obstinate and persisting. Sometimes there would seem to be fair prospect of recovery, and there seemed as much improvement under the galvanic current as under any other remedy, when some *contretemps* would occur, and the whole work had to be commenced anew. Finally, after about one year of discouraging treatment, I commenced the use of chrysophanic acid. Ordering an ointment of one drachm to the ounce of lard, I directed her to apply it daily, continuing, at the same time, the use of gloves. The disease commenced to improve at once, and in a month was nearly well. At this time, some several months after the discontinuance of treatment, she makes no complaint.

The chief trouble in the use of the acid was the difficulty of thoroughly incorporating it with the menstruum. No amount of trituration will do away with the gritty particles—which of themselves, besides the essential nature of the remedy, caused, occasionally, more local irritation than was desirable. The goa powder, I think, would not be liable to the same objection, and, in a similar case, I should resort to the use of that.

IODINE AS AN ALTERATIVE EXPECTORANT IN DRY ASTHMA.—Chas. A. Lee Reed, M. D., in the St. Louis *Medical Record:* Dry asthma—pulmonary spasm with suppression of bronchial secretion—occurs:

1. In cases depending for their exciting cause upon malarial poisoning and that are characterized by distinct and regular periodicity in the recurrence of the paroxysms.

2. In cases that have their exciting cause in the deranged condition of some other organ, the spasm in the lungs being induced through reflex influence; *e. g.*, certain dyspeptic persons suffer from tightness of breathing just after the ingestion of a full mea or of particular articles of diet.

3. In cases in which the paroxysms are erratic, of variable severity and duration, coming on at just any time, and apparently not depending for their excitation upon any particular influence or condition. These cases, however, are attended with a bad habit of constitution, a vacillating appetite and a perversion of the secretions.

The treatment of these cases at once resolves itself into: immediately palliative, intended for the immediate relief of the paroxysm; and permanently palliative, intended to ameliorate the conditions causing the paroxysms. It would be somewhat presumptuous to speak of a curative treatment of these cases, although it is beyond question that some exceptional cases are relieved of this distressing disease and are not bothered with it again. The permanently palliative treatment differs in these three classes of cases In the first, antiperiodics are clearly indicated; in the second, remedies must be addressed to the diseased organ, *e. g.*, stomachics, etc., in the dyspeptics quoted; but it is in the third class of a cases that the practitioner tries remedy after remedy, antiperiodic after antiperiodic, antispasmodic after antispasmodic, expectorant after expectorant, until he has exhausted his *armamentum medicum* without establishing the desired moisture in the bronchi or in anywise alleviating the trouble, and then, finally inquires of the gods if "there *is* a balm in Gilead," or else gives vent to some other interrogative exclamation not quite so poetical, but about equally as unavailing and away from the point.

In these cases I have used the following prescription:

℞ Liquor. iodinii comp. . . f. ʒi;
Mel. . . . . f. ʒij.
M. S.—Teaspoonful every three hours;

from which I have noted the following effects:

1. A gradual restoration of the bronchial secretion quite perceptible after the third dose. 2. A diminution in the frequency and severity of the paroxysms from the start. 3. An improvement in the

appetite and an increase in the tone and vigor of the general system. 4. Perceptible increase in the volume of the urine without any change in its specific gravity. 5. Iodine has been more permanent in its salutary effects in these cases than any other remedy that I have used. 6. Its effect appears to be so modified by idiosyncrasy that it does not *always* produce the same salutary effect. 7. In effecting the relief of these cases iodine appear to act as an alterative expectorant.

EMPLOYMENT OF CRUDE PETROLEUM IN AFFECTIONS OF THE RESPIRATORY PASSAGES.—In the *Journal de Médécine et de Chirurgie*, mention is made of a communication sent to the Société de Thérapeutique by M. Blache, in which he gives the results of certain diseases of the lungs treated with crude petroleum. This remedy is commonly known under the name of *huile de gabian*. The therapeutic properties of petroleum are known in the refineries, and a refiner who used to distribute a medicinal dose of this substance to his workmen, remarked that they rarely complained of thoracic affections, and that the emanations of petroleum affected an amelioration of the symptoms in those who were suffering from lung mischief. In the first place M. Blache remarked upon the innocuity of crude petroleum, and cites as an instance a workman who accidentaly swallowed 200 grammes, and who suffered only from nausea and diarrhœa. The workmen who use petroleum regularly take a teaspoonful of it before each meal; a little nausea is experienced on the first day of administration, but toleration of the pseudo-drug is established on the second. Those who take it morning and evening in tablespoonful doses often suffer from diarrhœa, but it has never gone so far as to oblige cessation of the medicine. Refined petroleum, which has been treated with sulphuric acid, and of which it always contains a trace, acts quite differently, having been completely modified in its constitution. M. Blache has administered capsules containing 35 centigrammes of the crude petroleum, with the following results:—In chronic bronchitis, where expectoration is abundant, it rapidly produces an important manifestation; there is diminution in the secretion, and less frequency of the fits of coughing, which result from the disease. In asthma like results are obtained from the disappearance of the dyspnœa. In simple bronchitis *hulie de gabian* has produced rapid amelioration of symptoms, and the disease has often been checked before entering into the second stage. In phthisis, there is a diminution and modification of the expectoration, but experiments in these cases have not been made long enough for once to pronounce positively on this head.—*Medical Press and Circular.*

THE PHYSIOLOGICAL MECHANICAL TREATMENT OF INFLAMMATION OF THE HIP, KNEE, AND ANKLE JOINTS.—Dr. Jos. C. Hutchinson, (*Proceedings of the Med. Society of the County of Kings*, April, 1879,) believing that the chief indications in treating diseases of the joints of the lower extremities are but indifferently performed by the various mechanical appliances in use, has devised a plan for which he claims superior merits. Most of the methods hitherto adopted require considerable watching, are more or less irritating, and interfere more or less with nutrition of the part, while they do not relieve the joint from pressure.

Dr. Hutchinson's plan is to place on the foot of the sound limb an elevated shoe — say two inches or more — so that the foot of the diseased extremity may not touch the ground, and permit the patient to move around freely in the open air. The weight of the limb, which is regarded equal to about one-fifth of the weight of the body, is deemed sufficient for extension during the day. At night, other means of extention might be used if deemed expedient, but in practice this is found quite unnecessary.

No bandage, compress, or apparatus need be applied to the hip, as the free supply of muscles in the region is sufficient. At the knee and ankle, splints of hatter's felt or plaster of Paris is required to assist in restoring the normal position of the parts nd in securing immobility. These splints should be moulded to the joint, while extension is applied so as to retain the join in the most desirable position. They should be re-adjusted from time to time as circumstances may require.

The advantages claimed for this method are:

1. It saves the surgeon the trouble and annoyance of applying and watching the instruments in ordinary use to see that proper extension is kept up and undue pressure prevented, while the patient's comfort is greatly promoted by dispensing with adhesive plasters, which irritate the skin and require removal from time to time, and also with the perineal band, in hip disease, which is a constant source of discomfort.

2. The spasmodic contraction of the peri-articular muscles is overcome by the gentle, persuasive, and painless (physiological) extension made by the weight of the limb for several hours of each day, whilst forcible extension, either by the ordinary instruments or by the weight and pulley, irritate the muscles and stimulate them to resistance and contraction, which must be overcome by main force.

3. Recovery takes place in much less time than by the older methods of treatment.

4. The apparatus is inexpensive, and can be made by any ordinary mechanic.

Dr. H. and others present at the meeting reported several cases which had been treated by this method, all showing much more favorable results than are usually obtained by other methods hitherto used. This method has the advantage of simplicity — there being no cumbrous apparatus — and cheapness. The patient can have the advantage of open air exercises, and the well limb is compelled to bear the burden of its weaker neighbor.

Formulary.

The *Canadian Journal of Medical Sciences* for May gives the following excellent list of selected formulæ:

To Arrest Vomiting during Pregnancy.—

℞ Cerii oxalat.,
Ipecacuanhæ..... āā gr. i.
Creasoti..... gtt. j.

M. Sig. To be taken every hour.—*New Rem.*

Cough Mixture.—

Cod-liver oil..... ℥ ii.
Honey..... ℥ ii.
Lemon juice..... ℥ ii.

One to two teaspoonfuls three times a day.

Powder for Flatulent Dyspepsia (Hérard).—

Powdered nux vomica..... 15 grains.
Powdered rhubarb..... 60 grains.
Prepared chalk..... 45 grains.
Oleo saccharate of mint..... ʒ j.

Mix carefully and divide into 20 powders; one powder before each meal in a wafer. Two tablespoonfuls of lime water in half a tumblerful of sweetened water after each meal. Wine diluted with Orezza-water if the dyspepsia be complicated with anæmia.

Cystitis (W. Gross).—

Balsam of copaiva..... 1 drachm.
Benzoic acid..... 75 grains.
Gum arabic..... 2 drachms.
Pulverized sugar..... 2 drachms.
Essence of wintergreen..... 20 drops.
Camphor water..... 6 ounces.

Mix. A tablespoonful every 5 hours for patients affected with cystitis when the inflammatory symptoms have lost their acuity. Wash the bladder by injections of tepid water to which there has been added 6 centigrammes ($\frac{1}{10}$ grain) of permanganate of potash for every 30 grammes (about 1 ounce), if the urine be fœtid or muddy. Later on, a solution of borax or of nitrate of silver may be injected.

Treatment of Asthma (Aubrée).

Take of senega root..... ʒ ss.
Boil in water..... ℥ jv, until the
Decoction be reduced to... ℥ ij. Filter and add
Of iodide of potassium.... ʒ iv.
Of syrup of opium..... ℥ iijss.
Of brandy..... ℥ ij.
Color with tinct. of coch... q. s.
Filter.

The patient should every day take three tablespoonfuls of this elixir, in the morning before breakfast, at mid-day, and in the evening, until the cessation of the asthma. This is almost, as Trousseau remarked, forty-five grains of iodide of potash per day.—*Le Progrès Médical.*

Decoction for Chronic Dysentery (Delious).—

Take of calumba root..... ʒ j.
Take of rhubarb root..... grains xv.
Take of water..... ℥ vj.

Pour the water boiling, at night, over the incised roots, and allow it to infuse until morning.

To be taken before breakfast, in chronic dysentery, to modify the evacuations, and during convalescence to combat the consecutive gastro-enteralgia, with tendency to constipation or irregularity in the number and character of the stools.—*L'Union Médicale.*

Asthma (H. Green).

Take of Iodide of potassium... ..... ʒ ij.
Decoction of senega..... ʒ iij.
Tincture of lobelia .. .. ʒ vj.
Camphorated tincture of opium, ʒ vj.

Mix.

Bouchuts Syrup for Epilepsy.—

Bromide of potassium..... 5 drachms.
Syrup of belladonna..... .... 15 drachms.
Simple syrup..... 60 drachms.

Dissolve.

Each tablespoonful (of 15 grammes) represents 1 gramme (15 grains) of bromide of potassium.—*L'Union Médicale.*

Discutient Ointment.—

Extract of conium..... ʒ j.
Iodide of potash..... ʒ j.
Extract of belladonna..... ʒ j.
Extract of hyoscyamus..... ʒ j.
Axungia, or glycerine of starch..... ℥ j.

M.

The above will exercise a manifest resolvent action upon glandular enlargements. In similar cases, and when it is necessary to leave the extract of conium in constant contact with the diseased parts, in strumous adenitis, and chronic arthritis of the same nature, it will be more convenient to employ the emplastrum conii, the formulæ for which are numerous, but which may be made simply by spreading on a piece of skin, a plastic mass, composed of one part of white wax, two parts of resin and nine parts of alcoholic extract of conium.—Jules Simon, in *Le Progrès Médical.*

Treatment of Asthma.—The following comes from Dr. H. M. Smith, of Bloomville, N. Y.:

℞ Lobeliæ fol. pulv.
Stramonii fol. pulv.
Belladonnæ fol. pulv..... ..... ʒ ij.
Potas. nitratis pulv..... ℥ iij.

Mix and keep tightly corked.

I order the patient to shut himself in a small, warm, close room and sprinkle the medicine upon live coals, or smoke it in a fresh clay pipe, till relief is obtained, which is usually within ten or fifteen minutes.—*American Practitioner.*

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, JUNE 10, 1879. No. 11

Editorial.

"An Act to Protect the People from Empiricism and Quackery."

After many years of persistent effort, and after encountering many discouraging defeats, the advocates of medical legislation in Michigan have at last secured from the Legislature an act entitled "An Act to Protect the People from Empiricism and Quackery." The bill is hardly such a one as the more zealous advocates of legislative protection, to both the profession and the people, might have desired, but as a compromise between such, and those bitterly opposed to all legislation of this nature, it is one which the former may congratulate themselves on securing. It will form an admirable foundation for improvements, which will suggest themselves between now and the session of the next Legislature. It is an earnest of the better things which its practical working will lead the people to demand. To have expected, at its first passage, exactly such a bill as is really wanted would have been expecting too much. Laws should not be, and proper laws are not, arbitrary enactments made irrespective of the wishes of the people. The act as just passed is therefore a good omen in that it indicates that the people who have heretofore refused to legislate with a view to restraining quackery, are beginning to recognize the importance, not to the medical profession merely, but to themselves, of requiring some scientific knowledge on the part of those who undertake the grave responsibilities of the physician.

With the law now to aid them the physicians of Michigan will be culpably derelict if they fail to ensure the fullest possible benefits which can accrue from its enforcement. Let there be no backwardness in complaining to the proper authorities of those who do not come up to its requirements. Its rigid enforcement will result in the thinning out which has followed the adoption of a similar law in other States.

The profession are under lasting obligations to those of its members who were representatives in the recent Legislature. The fight on the medical bill was a very hotly contested one, and defeat would certainly have been the issue had the medical men in the Legislature been any less zealous and active than they were.

[Since the above was put in type, and just as we are about to go press, we are sadly reminded that "there's many a slip between the cup and the lip." The vote on the medical bill was one of the last acts of the late session of the Legislature. In its passage through the House a few amendments were made, and through oversight, or something else, these amendments were not submitted to the Senate, from which the bill proceeded, for its approval, as is required by the rules. Because of this omission the Governor has withheld his signature and the bill is, therefore void, and of no effect. The party or parties who are responsible for this aggravating omission fail to rise to the level of our contempt. Words fail to express the exact state of our feelings; but it can't be helped now, and we shall have to wait until two years have passed for the next Legislature to remedy the matter.]

Michigan State Medical Society.

The fourteenth annual meeting of the Michigan State Medical Society will convene at St. Andrew's Hall, in this city, on the 11th inst. From information derived from the chairman of the Executive Committee we learn that there is every prospect of a large and harmonious gathering. The Society is to be congratulated on the settlement of all the questions which for the past few years have kept it in a state of turmoil. For the first time in a number of years the coming meeting promises to be one of purely scien-

fic and social interest. There has been quite a respectable number of papers noticed for a hearing, and the arrangements for the entertainment of the visitors are such as will ensure a very enjoyable time. The call for the meeting by the Secretary is to the physicians of this State, whether they are members of the Society or not; all are invited to attend and to participate in the discussions. We presume only members of the regular profession are intended to be included in this invitation, although no restriction to such is made. It will be a happy day for medical science when such a call as the Secretary has issued can be made without exciting comment, when there shall be no dogma to divide, but when the principles of true science shall be the only guide to therapeutics.

PUBLISHER'S NOTICE.—In several instances our clerk has failed to check off, on a list of unpaid subscribers which we have been carrying, the names of those who have remitted for the current year. In such cases bills have been sent to those who have already paid. We would request any such to drop us a postal card, reminding us of our omission.

Miscellany.

CAPSULES AND PILLS.—At a late meeting of the Obstetric section of the New York Academy of Medicine, Dr. Foster reported a case in which twenty grains of quinine, in capsules, were given to a lady to prevent a chill. Forty-eight hours after the first chill the lady had a second. The semi-fluid stools were then examined, and were found to contain the capsules unchanged. Quinine was then administered in powder and the chills did not return.

Dr. Post referred to a case of obstinate constipation requiring the scoop to remove the solid fæcal mass from the rectum. In this case hundreds (?) of pills were found in the mass.

Occurrences like the above are unfortunate. We have never had a similar experience, although we have given both pills and capsules an extensive trial. We have to say of capsules, particularly, that they are of inestimable convenience in the extemporaneous administration of nauseous drugs, and we are sorry to notice any report with the least tendency to bring them into disrepute. Cases like those reported have, however, their lesson. There are manufacturers whose goods are not reliable, and the physician should by trial satisfy himself of those he may depend on; this done, he should specify the maker's name on his prescription. In this way dishonesty and incompetency would be driven from the market, and the proper recognition accorded those whose reputation is their capital.

THE REVIVAL OF BLOODLETTING.—M. Chauffard (*La Presse Medicale Belge*) thinks that phlebotomy is at the present day often neglected in cases where it might be found very useful. He lately had under his care in the hospital a young man, twenty years of age, robust, moderately stout, and rather plethoric, who, after enjoying good health, had a severe attack of hæmoptysis. By occupation he was a stone cutter, and, doubtless, the attack had been excited by the irritation caused by inhalation of the dust. The symptoms having lasted for three days without any signs of improvement, he entered the hospital. After examining the lungs, and finding them free from any serious disease, M. Chauffard prescribed bloodletting to the extent of 500 grammes. The result was very remarkable, for the hæmoptysis, which had continued up to the time of the operation, ceased immediately afterward. His appetite and strength soon returned, and the blood so quickly recouped itself that no trace was left of the double loss it had undergone. It may be observed that the above is the inverse of what takes place in those cases in which a suppressed normal hemorrhage gives rise to one that is vicarious of it. It is not, however, merely the accidental attack of hemorrhage that may be arrested in this manner, for it should be borne in mind that the hemorrhagic molimen to which, by habit, an organ has been subjected may be a source of danger. For instance, one of the most useful applications of bloodletting is the prevention of those catamenial congestions which persist after impregnation, and which lead to the separation of the ovum. Prof. Hardy, of Paris, has come out decidedly in favor of venesection in apoplexy, renouncing the doctrines of Trousseau, which have so long held sway. He prefers to bleed at the first sign of the return of consciousness.

BODILY WATER AND HEALTH.—Professor Jager, of Leipsic, has written a book in which he maintains that too great a propor-

tion of water in the tissues and fluids of the body is a predisposing cause of disease. A little observation is sufficient to convince one that there is truth in this doctrine. The rugged, the most healthy, and those capable of most endurance are the spare and the thin. Obesity is inconsistent with health, and obesity is most frequently but another name for a water-logged condition of tissues. The trainer of athletes enjoins as part of the training regimen a very sparing use of fluids. Prof. Jager advises as a guard against disease the ridding of the system of the superabundance of water. To this end he recommends the wearing of close-fitting woolen clothing throughout the year; all bodily movements which promote perspiration; on outbreak of disease the use of vapor or sweating baths, of drinks that excite perspiration, or of foods that do the same; constant ventilation of sittting and bed rooms, so that the moisture of the air may not become great.

THE McDOWELL MONUMENT.—The unveiling of the granite shaft, raised by Kentucky, to the memory of her son, Ephraim McDowell, took place at Danville, where the ashes of that son repose, on the 15th ult. The occasion was one long to be remembered; it was honored by the presence of many distinguished members of the profession, who came to pay tribute to the name of a great benefactor of his race. Dr. S. D. Gross, of Philadelphia, was the orator of the day. Kentucky lays claims to a sort of foster paternity of this nestor of American surgery, and we should judge, from the published reports, that the honors were pretty evenly divided between the dead and the living sons. The address is spoken of as the greatest of the many great efforts of Dr. Gross's life. It recounted the events of the first ovariotomist's life, but dwelt, of course, especially on the operation which made him famous. Ovariotomy is computed to have already added upwards of forty thousand years to woman's life. Shortly after the fame of McDowell's operation was spread abroad, there arose various claimants for priority in its performance. It was claimed that a French surgeon, L'Amonier, of Rouen, in 1776, and Dr. Houstoun, of Dublin, in 1771, had performed the operation. Dr. Gross's researches had, however, disclosed the fact that the operations by these surgeons consisted merely in the evacuation of the contents by an incision through the abdomen, but the sac itself was not removed. The first case of actual ovariotomy was performed in Danville, Ky., in December, 1809, and the operator was Ephraim McDowell. "All honor then, we say, to the man who thus paved the way to a new path of humanity, since so nobly trodden by his successors. All honor, too, to the heroic woman, who, with death literally staring her in the face, was the first to submit, calmly and resignedly, to what certainly was at the time a surgical experiment. To her, too, let a monument be erected, not by the citizens of the Kentucky State Medical Society, nor by the citizens of Kentucky, but by suffering women, who, with her example before them, have been the recipients of the inestimable boon of ovariotomy, with a new lease upon their lives and immunity from subsequent discomfort and distress. I know of no greater example in all history of heroism than that displayed by this noble woman in submitting to an untried operation."

At the conclusion of the address, Dr. R. O. Cowling, on behalf of the Kentucky State Medical Society, presented Dr. Gross with the old brass knocker taken from McDowell's door. There is certainly very little poetry in a knocker, but Cowling drew considerable sentiment out of this one. "I wish that the magician's wand were granted me a while to weave a fitting legend around this door-knocker, which comes from McDowell to you, Dr Gross. There is much in the emblem. No one better than you knows how good and how great was the man of which it speaks. It will tell of many a summons on mercy's mission which did not sound in vain. Oft times has it roused to action one whose deeds have filled the world with fame. A sentinel it stood at the door of a happy and an honorable home, whose master as he had bravely answered its signals to duty here below, so, when the greater summons came, he as trustfully answered that, and laid down a stainless life. And as this emblem, which is now given to you, hangs no longer upon a Kentucky doorway, by this token you shall know that all Kentucky doorways are open at your approach. By the relief which your skill has wrought; by the griefs which your great heart has healed; by the sunshine which you have thrown across her threshholds; by the honor your fame has brought her; by the fountain of your wisdom, at which your loving children within her borders have drunk,—the people of Kentucky shall ever open to you their hearts and homes."

Dr. Gross, in replying to these burning words, spoke under evident emotion: "I take this emblem now offered me as the most valued gift of my life. It shall be received into my home as a household god—enviro-

by all the memories of goodness and greatness to which your speaker has referred—and especially recalling this scene. Dying, I shall bequeath it among the most important of my possessions to the family I may leave, or, in failure of that, to be preserved in the archives of some society."

THE DIRE TIMES APPROACHING.—Astronomers have determined that in 1880, for the first time in the Christian era, there will be a conjunction at perihelion of Jupiter, Uranus, Saturn, and Neptune. This conjunction, it is predicted, will be attended by dire and dreadful atmospheric disturbances on this planet, and extreme vicissitudes of weather, deluges followed by drought and consequent failure of crops, famine and pestilence. The vitality of every living thing, from 1880 to 1885, is to be sorely tried. This, it must be confessed, is rather a blue outlook. We had thought that vitality has been pretty well tested during the past five years, and, just as we have commenced to imagine that things are brightening up a little, this "conjunction at perihelion" rather disconcerts us. It would be satisfactory to know how the sage deductions of the astronomers are wrought out.

AN IMPORTANT DECISION IN A SUIT FOR MALPRACTICE.—We learn from the *Medical Record* that an action for damages, brought against the Manhattan Eye and Ear Hospital over two years ago, has just been terminated, and in a manner very satisfactory not only to the hospital immediately interested, but to all the hospitals and the profession of New York State. The counsel for the defense made a motion for the dismissal of the complaint, basing the argument upon a decision of the Supreme Court of Massachusetts, which, in effect, decided that if a hospital had exercised due diligence in securing skillful and careful medical attendance it was not liable for any untoward results in the treatment. Judge Lawrence re-affirmed this decision with reference to the State of New York. This decision marks an advance, and it now only remains to carry out the principle to its legitimate end, and exempt individual private physicians who can furnish evidence of thorough training, from liability in case of unfortunate consequences of legitimate operations.

WINCKEL'S DISEASE.—At a recent congress of physicians who make a specialty of complaints of children, held in Berlin, Dr. Winckel described a new and mysterious disease which has broken out in
which is so fatal that out of
cases treated nineteen died. T
toms are difficult respiration
the lips, and the most singul
the complaint is an extraordin
the blood, which becomes of
color and of a syrup-like co
will only flow from a wound
pressure. Convlusions soon
the child dies in about thirty-t
the beginning of the attack.
proposed to call the complai
afebrilis isterica perniciosa cum
uria," but the President of
suggested the shorter and more
of Winckel's Disease.

THE TERM "ALLOPATHY."
Corbin, of St. Johns, Mich., w
date of May 30th:

"In the last number of the
Prof. Dunster is made to say, '
homœopathic colleges text-books by
are freely used." On page 119, I
ing language: "Sympathy is a 'pat
many a sore heart when homœopat
have utterly failed."

Will you, or will Prof. Dunster,
your readers by informing them *who*
paths? Is there any system of
which can be correctly describe
allopathy?

Is not the term *allopathy*, in its
tirely at variance with the principles
of rational medicine? If so, why
aid in fastening such *epithets* upon
meaning of the term *allopathy* as con
its application to a *dogma*, as does
the term *homœopathy*. If I err in
please inform me wherein."

We plead guilty to any
may be made, of impropriet
the use in our columns of th
pathy" as applied to regular
Although the report of Dr. Du
(taken from the Atlanta *Const*
him use the word, we, of c
believe that he ever uttered it
is, however, year after year, be
and more firmly attached, by
regular physicians. The fau
lies largely with the professi
has not yet offered to the pub
euphonious name by which it w
members known, and the in
"allopath" is fast becoming a
fault. In No. 10, Vol. I., of
an editorial article by Dr. Pa

subject is ably discussed, and the name "rational physician" suggested. This name, it strikes us, is a good one, but possibly a better might be suggested. The objection to all terms, heretofore offered, lies in the fact that they contain more than one word. Can some suggest a short single word which will meet the requirements?

Book Notices.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By THOMAS ADDIS EMMET, M. D., Surgeon to the Woman's Hospital of the State of New York, etc. One hundred and thirty illustrations. 8vo.; pp. 855.

Dr. Emmet is one of the few men in the medical profession who have established a reputation without the aid of a professorship in a medical school. The reputation he has achieved is such as to have demanded from him the book which is now given to the profession. Since it was announced that the book was in preparation its appearance has been anxiously awaited.

Its preface says: "This work is essentially a clinical digest. It includes the results of my individual experience, and aims to represent the actual state of gynæcological science and art."

In looking through the work one is struck with the absence of the stereotyped cuts which have done service for so many authors. With very few exceptions, the illustrations are Dr. Emmet's own. A feature of the work is the statistical tables it contains. Their parallel, it is claimed, is not to be found in the whole range of gynæcological literature. They present, in brief space, information which it would require hundreds of pages to contain in detail.

To illustrate the author's style we give the following selection from the chapter on hot water in gynæcological practice:

"In the summer or early autumn of 1859, during the temporary absence of Dr. Sims, I was operating at the Woman's Hospital to close a vesico-vaginal fistula, where it was necessary to free the tissues behind the ramus. The progress of the operation had been greatly delayed in consequence of oozing of blood, which I had checked by pressure and pieces of ice; but, on resuming the operation, in a few moments reaction would take place and the bleeding become as great as before. The late Dr. Pitcher, of Detroit, was present, and suggested that I should dip a sponge probang into hot water and apply it several times to the surface. I did so, and, to my surprise, the bleeding was promptly arrested. His explanation was that, as the clot formed in the mouth of a vessel dilated by the heat, it would be so firmly held by the contraction of the vessel, when reaction took place, that secondary hemorrhage could not occur. He then stated to me that he had been in the habit for many years, when operating, of applying to a bleeding surface sponges taken from water as hot as could be borne. Dr. Pitcher's suggestion made a deep impression on me, but it required years to appreciate its full import. But, having once realized the influence of heat as an excitor of reflex action, it became the means of clearing up for me many points in pathology, and hot water has proved a most important agent in my hands in the treatment of diseases of women. In every theory of inflammation, congestion is, of course, considered a pre-requisite stage, but the congestion is commonly supposed to be arterial, and all plans of treatment are directed to overcome this condition. So far as I know, I may justly lay claim to have been the first to teach that congestion of the pelvic contents, under ordinary conditions, is venous, and due to loss of tone in the vessels from impaired nutrition. This naturally led me to elevate the hips, so that, by the action of gravity, the congestion might be lessened: and then I applied the hot water to bring about a further contraction of the vessels by reflex action, which would lead gradually to a permanent restoration of their tone and calibre."

While pleased to notice that Dr. Emmet has thus given credit to a late distinguished resident of this city, we regret to observe that he has failed to notice the method devised by Dr. E. W. Jenks, of this city, for freshening the mucous surface in the operation for restoring a lacerated perinæum. This plan is, in our opinion, a considerable improvement on that employed by the author.

On the whole, the book is one which should be read by every one interested in gynæcology. The reader is supposed to be familiar with the anatomy of the female generative apparatus, and hence the book contains nothing but that which is strictly germain to the subject in hand. It is essentially an original work. What is not literally Dr. Emmet's is given only as it is corroborated in Dr. Emmet's experience. If the book receives its deserts it will have a very extensive sale.

PERINEORRHAPHY, WITH SPECIAL REFERENCE TO ITS BENEFITS IN LACERATIONS, AND A DESCRIPTION OF A NEW MODE OF OPERATING. By Prof. E. W. JENKS, M. D., Detroit.

This brochure is a reprint from the *American Journal of Obstetrics*. The especial point in it is the description of a new mode, devised by the author, of denuding the mucous surface in the operation for restoring a lacerated perineum. The following is the plan of procedure, and it is one which is highly commended by those who have tried it:

"The bowels ought to be thoroughly emptied by a cathartic twelve hours before the appointed time for operating, and an hour before, the rectum should be washed out by a copious injection of warm water. The patient being etherized, I begin by nicking with scissors the anterior margin of the surface to be denuded, at the juncture of integument and mucous membrane; next, I introduce two fingers of the left hand into the rectum, while assistants hold the labia apart, it being important that they are held uniformly tense. I use scissors slightly curved and sharp-pointed to denude the mucous membrane. I use neither tenacula nor tissue forceps, but, with the parts tense, snip a hole in the mucous membrane in the median line, close to the integu-

ment, and then inserting the scissors with a cutting motion into the small hole made. I continue to dissect the mucous membrane away from the subjacent tissues without removing the scissors, first going up the septum as far as desired, and then laterally, first on one side and then on the other, without removing the scissors or once bringing their points out from beneath the mucous membrane.

Sometimes, instead of beginning my dissection at the median line, I begin at the nick on the left labium majus, running the points of the scissors beneath the mucous membrane, and dissecting it away from the subjacent tissues back on the left lip, then up the recto-vaginal septum as far as I deem it necessary, and from thence forward on the right lip to a point opposite from which I started, without allowing the scissors to come out from beneath the membrane, unless they are accidentally turned out by cicatricial tissue. Then with blunt-pointed scissors cut away the dissected flaps. The bared surface thus exposed is much the shape of a right-angled triangle, with the base outward, or it has been compared in shape to a butterfly, with wings spread and tail directed upward.

The advantages of this mode of denuding are, (*a*) the rapidity with which it can be done ; (*b*) the absence of hemorrhage in the vagina, as no blood escapes except at the locality where the scissors enter beneath the mucous membrane; (*c*) the ability by which the operator can make complete denudation, as the discoloration beneath the membrane marks the route the scissors have taken."

DIPHTHERIA: ITS NATURE AND TREATMENT. By MORELL MCKENZIE, M. D., London, Senior Physician to the Hospital for Diseases of the Throat and Chest, etc. Philadelphia: Lindsay & Blakiston. Detroit: Arnold & Willyoung.

This little work of a hundred pages discusses the subject of diphtheria in all its bearings. The author does not regard diphtheria as a disease of such recent development as it is regarded by some, but is of the opinion that it has existed, under various names, for thousands of years. "Sanitary science has not yet learned to bar its progress, and, in some instances, arrangements — professedly hygienic — have even appeared to favor its entrance."

The author does good service in calling attention to the fact that the existence of the patch is not a *sine qua non* of the existence of diphtheria. Much mischief has doubtless resulted from regarding the existence of the membrane as necessary to the existence of this disease, and if Dr. McKenzie's views on this point were more generally adopted it would be to the saving of life.

The author regards croup and diphtheria as identical in nature, the difference being only in the seat of the disease. He has therefore discarded the name croup for the pathologically more correct term, "Laryngotracheal Diphtheria."

The chapter on treatment is valuable as a digest of the various plans which have been adopted at various times. Dr. McKenzie gives preference to the muriate-tincture of iron and chlorate of potash, with balsams, internally, and local applications of an ethereal solution of tolu.

It is a valuable little work, and fully up to the times.

INSTRUMENTAL INTERFERENCE IN UTERINE DISPLACEMENT; Ulceration of the Female Urethra; Galvanic Treatment of Ulceration of the Os Uteri and Vaginal Leucorrhœa. By O. E. HERRICK, M. D., Greenville, Mich.

Our readers are already familiar with the articles of which this pamphlet is a reprint, they having at various times appeared in the NEWS. The galvanic treatment of the ulcerated os uteri devised by Dr. Herrick is one which merits a thorough trial. We can speak from personal knowledge of the value of Dr. Herrick's uterine supporter. For simplicity and neatness of construction there are none that surpass it and it meets a great variety of cases.

Paragraphs.

In the practice of the advanced physician, "Let me see your cellar" is beginning to take precedence of "Let me see your tongue."

Steps were taken at the late meeting of the American Medical Association to organize an American Surgical Society. A committee was appointed to draft a constitution and by-laws.

The Dermatophone is a recent variation of the telephone. It was invented by Prof. Huerter, of Griefswald, and by its use the capillary circulation of the skin is heard.

According to the report for 1877 of the Medical Bureau of Russia, the death rate in that country ranged from 30 to 50 per thousand in a population of 80,000,000. The most fatal diseases were diphtheria, typhus and small pox.

Cremation seems to be gaining ground in Europe. The government of Hamburg has decided to introduce it optionally in that city. The system of incineration is to be the same as that which has been adopted in Gotha.

The chair of Theory and Practice in the Ohio Medical College, made vacant by the resignation of Roberts Bartholow, has been filled by the appointment of Dr. James T. Whittaker, late Professor of Physiology in the same institution.

The late Prof. George B. Wood never attended a case of confinement. The nearest he ever came to seeing a child born was once when he was called to attend a case of colic at a boarding school. He a. once detected the true nature of the case, and seizing his hat exclaimed, "Send for Dr. Hodge."

Chloride of methyl, a product of the distillation of beet molasses, evaporates so rapidly that by its use a temperature of 67° Fahr. below zero can be produced. Mercury freezes at -39°, and can be readily frozen by the pound, by the aid of the chloride of methyl.

The *Med. and Surg. Reporter* says that an Illinois man sleeps every night on a spot of ground left bare for the purpose in his house, and has an attendant shovel clean earth over him, to take the place of bed-clothes. He believes that in this way he guards against disease.

Punch has a cartoon representing a village doctor in his "surgery" with a forlorn-looking countryman, who has come in to report after a week's treatment. The following is the dialogue:

Doctor—"Well, are you better? Have you taken your medicine regularly, and eaten plenty of animal food?"

Patient—"Yes, sir, I tried it; and so long as it were be-ans and o-ats I could manage pooty well, sir, but when it comed to that there chopped hay, that right down choked me, sir."

Rev. J. M. Arnold, of the *Michigan Christian Advocate*, fears that our notice of the amusing typographical error referred to in our last, as occurring in his paper, may convey the impression that the mistake was owing to the editor's ignorance of medical terms. We think any such fears groundless. It must have been evident to any one that the error arose from an oversight of the proof-reader. The average compositor makes some really wonderful combinations of type.

The following quotation is from "Julius Cæsar," act II., scene 1:

Brutus (to Portia)—

"You are my true and honorable wife,
As dear to me as are the ruddy drops
That visit my sad heart."

This was written in 1607, and as Harvey's dicovery of the circulation of the blood was not announced until 1620, the question naturally arises, whence did Shakespeare derive the knowledge which the quotation shows him to have possessed.

Amid the excitement and discussion over the supposed trichinous American pork imported into England, cheering news has been sent to that unhappy country in the shape of the following item: "Dr. Belfield, one of the experts sent to the Chicago market to examine the diseased pork, is convinced of the innocuousness of *small numbers* of the worms. Experimenting on himself, he swallowed twelve live trichinæ. Dr. B. has not, he declares, experienced any unpleasant symptoms to date."—*Medical Times.*

The Atlanta *Constitution* in reporting Dr. Parvin's address before the American Medical Association, by a typographical error, no doubt, made "Thracians" read "Thrainmo," and the unanimity with which the reports of the "special correspondents" of medical journals throughout the country contain the same typographical (?) error is truly remarkable. *New Preparations*, of this city, which, by the way, contained the fullest and best reports of the Atlanta meetings, is the only journal that seems to have understood the scholarly Parvin's reference. "Thrainmo" is good, and after it has been repeated in dozens of journals it is positively superb.

Mrs. M. P. Sawtelle, M. D., of the *Medico-Literary Journal* of San Francisco, in the May number of her journal, describes the "inwardness" of the reasons why she was refused admission to the California State Medical Society. The ostensible reason was that certain professors of the regular medical school from which she graduated have since her graduation embraced homœopathy as a method of practice, but the real reasons, as given by Mrs. Sawtelle, reflect rather severely on certain rival practitioners, among whom Dr. Henry Gibbons, Sr., of the *Pacific Medical and Surgical Journal*, is classed. A woman's tongue is proverbially a sharp instrument, but the manner in which Mrs. Sawtelle goes for Dr. Gibbons, particularly, shows that a woman's pen is also by no means a dull weapon.

Original Articles.

Fibrous Polyp of the Womb.

BY THEODORE A. M'GRAW, M. D.,

Professor of Principles and Practice of Surgery, Detroit Medical College.

Two cases of fibrous polyp of the womb will illustrate the ease with which this disease may ordinarily be removed by the ecraseur when once the os uteri has been fully dilated.

Dr. Henderson, of this city, kindly asked me to operate on one of his patients, who was suffering from this disease. She lived in Springwells, was the mother of two children, 42 years of age, and had suffered for two or three years from uterine pain and hemorrhages. Examination revealed a tumor as large as a hen's egg, attached to the right side of the fundus, and projecting into the vagina through the open os.

On September 18, 1878, assisted by Drs. Henderson, McHench, of Brighton, Hawes, and Jackson, I proceeded to its removal. The patient having been anæsthetized, the perineum was retracted by a Sims speculum, and the tumor grasped by a toothed forceps and dragged down within easy reach of the fingers. The chain was then passed high up around its pedicle, and in a very few minutes the operation was completed, almost without loss of blood. The uterine tissue had been drawn somewhat into the loop, and had been, as it were, excavated, the hollow being quite perceptible to the finger. The patient did well after the operation, had no bad symptoms

whatever, and in a fortnight was attending again to her household duties.

Dr. Moore, of Farmington, brought a lady of 51 years, the mother of several children, to me for counsel, in February last. She had suffered for years past with severe and increasing pains in the pelvis, and frequent hemorrhages. Her life had indeed been rendered intolerable by her physical sufferings. I found in this case a large, smooth, globular mass, filling up the upper part of the vagina, and resembling very closely a uterus, inverted and hypertrophied The history of the case, with its slow and gradual growth, was indeed against that hypothesis, but as such histories are notoriously inexact and untrustworthy, I did not proceed to the operation until I had succeeded in passing a sound into the uterus. This was a matter of no little difficulty, as the os could hardly be touched by the finger on account of the great size of the projecting mass. It was, however, finally accomplished, and I proceeded to operate as before. The only difficulty met with was in passing the chain around the pedicle, which was in this case attached to the inner wall of the neck of the womb. The tumor when removed was as large as a goose egg. This patient also recovered speedily, and in a few days was completely well

It has surprised me in these crushing operations to see how little shock and inflammation have followed them. The patients almost invariably recover quickly and completely. It is somewhat different when the polyp is discovered and operated on in its earlier stage, before complete dilatation. The necessity of dilating the os makes the procedure more tedious, and leaves the patients more liable to inflammatory reaction, and yet even then they usually recover well, and are saved months of debilitating hemorrhages and wearing pain.

101 Fort Street West.

The Pile Doctor.

BY EDMUND ANDREWS, A. M., M. D.,

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Some months ago I asked the readers of this journal for their observations upon the "ways that are dark" of the omnipresent "pile doctor." Responses to this inquiry came from over 300 physicians and laymen, giving me more or less information of about 3,300 cases of piles treated by the new method. It appears that in 1871 there lived in the village of Clinton, Ill., two physicians named Mitchell and Van Welch. The latter happened to have all the practice, but Mitchell, by a curious co-incidence, had all the leisure, and he set himself to see what he could do with it.

In a short time he devised two new methods of treating hemorrhoids. One of the plans consisted in picking the pile to pieces, little by little, with three-cornered needles. This method excited but little attention. The other consisted in charging a hypodermic syringe with a mixture of equal parts of carbolic acid and olive oil, and injecting a few drops into the pile. He soon got an opportunity to try the injection on the person of a garrulous farmer, with such charming results, that the venerable old bucolic was brim-full of gratitude, and celebrated his benefactor's praises over the whole region.

Mitchell then formed a partnership with the farmer, and, like a true knight-errant, he leveled his hypodermic syringe, and rode forth to battle against that awful demon, Hemorrhoideus. Thus commenced the great western movement of the "itinerant pile doctors." It spread rapidly, The secret was sold at a high price, and one Chicago doctor paid $3,000 for it. Physicians abandoned their practice and mortgaged their property to buy the secret and become itinerants, and the business spread from the Alleghany mountains to the Pacific ocean. The general plan of the itinerants was to settle and practice in a large town during the winter, but in the spring, when the wild geese began to fly, they roamed about from place to place, selling the secret and practising it on the farmers and villagers.

In 1876, during the height of the movement, I obtained the secret from an unwary itinerant, and by a few tests applied to others of the tribe, in the right of the secret, I proved the correctness of his revelation. I then published the method and thus spoiled the business of selling it.

Mitchell's triangular needle-plan, attracted but few followers. One of them in Chicago met an alarming accident but got out of it in a new way. Having torn open with his needles the thin walls of a dilated hemorrhoidal vein, he was horrified, and driven to his wit's end by the gush of blood, but his genius arose and proved equal to the emergency. Remembering that he had often stopped the escape of fluid from his bottle by putting in a cork, he resolved to introduce the plan into science, and to cork up his patient like a demijohn. He therefore seized a small vial cork and actually plugged the rent in the vein with it. The patient went home in violent pain, but was relieved of the cork and of his agony by his family physician.

The hypodermic syringe is used as follows: The pile being extruded, is smeared with cosmoline to protect the membrane from any accidental dripping. A few drops are then thrown into the pile, and the pipe of the syringe kept in place a few moments to allow the fluid to become fixed in the tissues. The tumor is then returned into the rectum. The method is advertised as painless, and in a few cases is so, but in most instances a sharp smarting is felt at first and in some few there is a prolonged and terrible agony. In the most favorable cases the tumor withers away without suppuration or sloughing, but in others abscesses and mortification occur.

The original plan has sprouted into numerous varieties. Instead of using olive oil as the excipient

many use glycerine. Then every operator has his favorite degree of strength. Several claim that the stronger the fluid the better it is, and actually inject crystals of carbolic acid melted by heat, while others use mixtures varying in strength all the way down the scale, until we find Dr. Weir, of New York, experimenting with one part of acid to 20 or 30 parts of the solvent. The dose injected varies in like manner. Some advocate great caution, and only put in from one to three drops, while others cram the pile with a syringe full, and seek to make it suppurate or slough. I find two men using creosote instead of carbolic acid, and several add anodynes, such as morphine, chloral or iodoform. Ergotine is also a favorite injection, and a great number of mixed formulæ have been imparted to me, some of them containing five or six ingredients. Mr. Colles, of Dublin, injects muriated tincture of iron. Dr. Hill, of Bloomington, Ill., and Dr. Drake, of Hastings, Mich., use the iron persulphate, while others have tried tannin, chromic acid, tincture of iodine, etc. One practitioner of this plan, Dr. Ball, of Corunna, Mich., says that he has experimented on almost every coagulating agent in the vegetable and mineral kingdoms. His preference is for the strongest carbolic acid. He adds the following remarks: "The difficulty with all remedies except carbolic acid is the suppuration being limited to a small portion of the tumor, or, like the preparations of iron, causing it to swell and become very painful. Carbolic acid is, so to speak, used up in cooking the blood throughout the entire tumor. The appearance of the pile in from five to twenty seconds shows such to be the fact. Suppuration takes place in three or four days, with sloughing."

My informants agree that the injections almost always cure the disease, but they record some disasters. of which the following is a list:

LIST OF ACCIDENTS.

Deaths	9
Embolism of the liver (suspected)	8
Very dangerous hemorrhage	5
Less dangerous hemorrhage	5
Carbolic acid poisoning (recovered)	1
Sloughing (generally but not always confined to the piles)	2
Abscess (of the liver)	1
Severe inflammation	10
Violent pain	83
Stricture of the rectum	2
Permanent impotence	1
Long sickness (2 weeks to 6 months)	6
Relapsed	7
Failed of cure of piles	11
Sundry other accidents	12
	184

My informants are mostly regular physicians, who would be likely to know of any sudden deaths from this treatment in their vicinity, but who would, probably, not be informed of all the minor accidents; therefore I think the list of deaths is pretty complete, while the figures for the lesser accidents are too small.

One of the deaths was from erysipelas, abscesses and pyæmia, and might have occurred after any operation. One was, apparently, from embolism of the liver, and two were alleged to be from the blunder of mistaking the enlarged prostate glands of abdomen for piles and injecting them. One of the latter was 84 years of age. The remaining five deaths are very vaguely reported. Possibly three of them refer to one and the same patient, heard of by different reporters. The cases of sloughing and abscess are doubtless far more numerous than the figures show, because some of the itinerants seek these results in all cases as the means of destroying the pile, deeming that the milder injections lack energy and certainty. On the whole, the list looks formidable and seems at first glance enough to condemn the operation, but if we remember that these accidents are sifted out of over 3,000 operations performed for the most part by ignorant blockheads, devoid of sense or caution, we shall find reason to think that the operation must be unusually safe or else these blundering pile-stickers would have certainly slaughtered their victims by scores. All operations on hemorrhoids involve a little danger, and even the leaving of them without any operation causes some deaths.

Cautious surgeons have usually feared that in this operation, just as in other cases of enlarged veins, the occurrence of embolism, hence I have inquired particularly on that point. In all the 3,300 cases there occurred not a single embolism of the heart and lungs, but eight suspected cases of embolism of the liver. This is because most of the blood of the hemorrhoidal veins goes by the portal route to the liver.

After much study, I come to the conclusion that while large and concentrated injections are dangerous, small and dilute ones are as safe as any other operation ever applied to piles.

In respect to pain, external piles and those at the verge of the anus are the most painful after injection, and internal ones least so. Strong and large injections produce most pain and danger, but are at the same time most prompt and efficient. This seems settled by the experiments of Dr. Weir, yet some of the itinerants claim curiously enough that the concentrated preparations are the least dangerous and the least painful.

The evidence in my hands points to the conclusion that if the following rules be observed the hypodermic injection of piles is less painful and fully as safe as any other operation.

1. Inject only internal piles.

2. Use at first only one part of carbolic acid to twenty parts of the excipient, and stronger solutions only when these fail. Inject only two to four drops at first, and repeat with larger doses if needed.

3. Inject very slowly, smear the parts first with an unguent to protect them from accidental dripping, keep the pipe of the syringe in the pile for a few moments until the fluid become fixed.

4. Treat only one pile at a time, and allow from four to ten days between the operations.

5. Dangerous hemorrhage has occurred, as in other operations, from the patient proceeding at once to active exercise. He should be confined to bed the first twelve hours, and returned to it subsequently if the parts inflame much, or the pile suppurates or mortifies.

This great western epidemic of pile-doctors is one of the most interesting events in the history of surgery and seems to have resulted in the addition of a really valuable improvement to our resoures.

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Selections.

SYPHILIS AS AN IMITATOR.—London correspondence *American Practitioner:* Mr. Jonathan Hutchinson read an address the other day on "Syphilis as an Imitator." He pointed out that in many of the syphilides the adjective "syphilitic" is prefixed to some ordinary disease, as psoriasis for instance. He said there was no difficulty in explaining why syphilis should be an imitator of old types, and not an originator of new ones, if we admit as probable that almost all possible forms of morbid process existed already independently of it.

Syphilis cannot devise for itself any new set of organs; nor can it lay down any new lines along which morbid action, once originated, may spread. It must work in the old grooves, and travel by existing paths. In the form of syphilitic eruption which looks like small pox, the rash is scattered symmetrically over the face, limbs and trunk. It may be discrete or confluent, according to its abundance. The pimples are hard and horny at first; they have depressed centers; they form adherent scabs, and they leave scars The difference lies in the comparative slowness with which the syphilitic rash runs its course. He had seen, he stated, several cases which had been treated at the small pox hospital, which were undoubtedly syphilitic. Yet so late as 1877 he himself fell into error. The patient had just landed from a voyage on board ship, and was covered from head to foot with crusts exactly like those of variola in the third stage. Some had fallen, and left deep scars behind them. The stages had been unusually long, but still had not exceeded possible limits. He says: "I questioned him as to syphilis, and examined his penis and throat, but without any reason for doubting his words. The sequel, however, proved that it was syphilis. The scabs took months to fall; and just as he was recovering from the eruption, iritis manifested itself, which was unquestionably syphilitic."

Slow progress is the one difference between the two exanthems. The similarity is produced by the fact that syphilis in these cases attacks precisely the same anatomical structures as those in which the variolous pustule is developed.

Syphilitic roseola is well known. There is a mottled congestion of the skin in ill-defined crescentic patches, exactly like measles. As in measles it is almost wholly an erythema, and if the skin be stretched the vessels may be emptied and the rash vanishes. Syphilitic roseola is less bright in tint and less conspicuous than true measles. Pemphigus and lichen are both simulated by syphilis. As to syphilitic psoriasis palmaris, he said that the widely spread creed that it was always syphilitic is conclusive in support of his proposition. Lupus is one of the maladies which syphilis simulates. Lupus consists essentially in the growth of cell structures in the true skin, which destroys the tissue, then retrogrades and leaves a scar. Syphilis mimics it in all its varieties. Phagadenic syphilis simulates ulcerating lupus. At other times this form of syphilis closely simulates ulcerating lupus. At other times this form of syphilis simulates rodent cancer. In iritis and keratitis, syphilis follows non-specific disease; as it does when the retina is the seat of disease.

PROPYLAMINE IN ACUTE ARTICULAR RHEUMATISM.—Dr. James L. Tyson, in the *Medical Times*, of May 10th, discusses the merits of propylamine as a remedy in acute articular rheumatism. Of the impression, which has become more or less popular, that the course of rheumatism is little influenced by treatment, he remarks: "It would appear to be a settled conviction in the minds of some medical authors, for the past thirty years and even of the present day—men whose authority on medical topics is unquestioned and unquestionable—and enunciated as an aphorism with singular unanimity, from which there was no appeal, that this distressing and painful affection *must run its course*, will *yield to no treatment but palliative*, and cannot be 'stopped.' I would record my unqualified dissent from such teaching, with the explicit declaration that it can be, and has been 'cut short,' time and again, both in hospital and private practice, if we may credit the numerous reports of medical gentlemen whose names and characters attest their truth and integrity. It has occurred to myself, over and over again, to "break up" an acute attack of articular rheumatism, in periods varying from five to ten days, occasionally a little longer, without a vestige of pain or swelling being left, and not a trace of heart complication, by the employment of salicylate of sodium, or the vinous tincture of colchicum, separately or in combination. Under this treatment patients require to be frequently seen, and their conditions and variations accurately noted. Cases are now and then met with in which these agents cannot be used, either from idiosyncrasy or some latent cause, grave depression, hyperasthenia and nausea being so persistent as to forbid their further trial, and a resort to diffusible stimulants and tonics is imperatively demanded." He details two cases in which neither could tolerate any preparation of salacin or of colchi

cum. In these resorted to propylamine, using the chloride, the rather disagreeable taste of the alkaloid being objectionable to some. He combined it as follows:

℞. Propylaminæ chloridi ..... ʒ xxjv
Aq. menthæ piper.....
Aquæ, ää..... ʒ iij
M. Sig. A tablespoonful every two or three hours.

The dose of propylamine is six drops, similarly prepared and administered. Giving the chloride as above, two grains every two hours, and swathing all the joints in cotton batting, benefit was apparent in the first twenty-four hours.

NITRITE OF AMYL IN AGUE.—Dr. W. E. Saunders, of Indore, calls attention to the value of amyl nitrite in ague, and records a number of cases in which, advantage has been derived from its use. The drug, itself, he remarks, is inexpensive and goes a long way. He now uses *nitrite of amyl* mixed with an equal part of *oil of coriander*, to render it less volatile, and at the same time to cover its odor. He regards it as the most powerful diaphoretic he has seen, and he uses it in all cases of fever to produce diaphoresis. The following is one of his cases: Mr. F. C. came for treatment about 7 P. M. in the cold stage of ague. Two minims of nitrite of amyl were administered; sweating came on in seven minutes. He lay down for half an hour to get cool, and then walked home well. He next morning took a dose of quinine, and has had but one attack of fever without the cold stage since. Previous to this he had fever every day for one month, during which he took large doses of quinine. Dr. Saunders observes that he does not mean to say that quinine should not be used in the cases, for there is ample proof that it tends to check the return of the attacks, and removes to some extent the septic condition of the blood induced by the malarial poison, and this more especially if small doses of opium be combined with it. In no case did the amyl fail to remove the attack in about one-third the usual time, and in most cases the fever did not return. The method of administration he adopts is this: Four drops of the mixture or two of amyl are poured on a small piece of lint, which is given into the hands of the patient, and he is told to inhale it freely. He soon becomes flushed, and both his pulse and respiration are much accelerated, and when he feels warm all over, the inhalation is discontinued, as the symptoms continue to increase for some time afterwards. A profuse perspiration now sets in, which speedily ends the attack; in some cases, however, the cold stage merely passes off without any hot or sweating stage. —*Indian Medical Gazette* in *The Practitioner*.

EFFECT OF DIET ON LIQUOR-DRINKING.—Charles Napier, an English scientific man, has been testing the truth of Liebig's theory that liquor-drinking is compatible with animal food, but not with a farinaceous diet. The experiment was tried upon twenty-seven liquor-drinking persons, with results substantiating the Liebig theory. Among the more striking instances of reform brought about by a change of diet was that of a gentleman of sixty, who had been addicted to intemperate habits for thirty-five years, his outbursts averaging once a week. His constitution was so shattered that he had great difficulty in insuring his life. After an attack of delirium tremens, which nearly ended fatally, he was persuaded to enter upon a farinaceous diet, which, we are assured, cured him completely in seven months. He seems to have been very thin at the beginning of the experiment, but at the close of the period named had gained twenty-eight pounds, being then of about the normal weight of a person of his height. Among the articles of food which are specified by Napier as pre-eminent for antagonism to alcohol, are macaroni, haricot beans, dried peas, and lentils, all of which should be well boiled and flavored with plenty of butter or olive oil. The various garden vegetables are said to be helpful, but a diet mainly composed of them would not resist the tendency to intemperance so effectually as one of macaroni and farinaceous food. From this point of view, highly glutinous bread would be of great utility, but it should not be sour, such acidity being calculated to foster the habit of alcoholic drinking. A like remark may be applied to the use of salted food. If we inquire the cause of a vegetarian's alleged disinclination to alcoholic liquors, we find that the carbonaceous starch contained in the macaroni, beans, or oleaginous aliment appears to render unnecessary, and therefore repulsive, carbon in an alcoholic form.—*Louisville Medical News*.

CONCENTRATED SOLAR RAYS FOR RODENT ULCERS.—Dr. O. V. Thayer, of San Francisco, (*Pacific Med. and Surg. Jour.*, April, 1879,) reports four cases of rodent ulcers treated by the concentrated rays of the sun, with very favorable results.

Case 1. Lady, aged 33 years, married, and general health good, had an ulcer with everted edges on the tip of the nose about the size of a five-cent piece. Concentrated solar rays for about twenty seconds cauterized the ulcer, after which oxide of zinc ointment was applied. A cure was effected within two weeks.

Case 2. Man, aged 60 years, had a circular ulcer about one inch in diameter on face, which first appeared about four years previously. This healed in four weeks under similar treatment.

Case 3. Man, aged 79, had a ragged, elevated ulcer on the cheek. It commenced with a mole, which existed since childhood. This mole enlarged, became very vascular, bled with slight friction, and finally developed into the ulcer. Slight erysipelatous blush and swelling for two days followed the solar caustic, but the ulcer healed within four weeks.

Case 4. Lady, aged 45 years, had a tumor about the size of a filbert on left side of the neck, of about 16 months' growth. For the last four months she had frequent and severe attacks of hemorrhage from the tumor, which ulcerated. The tumor was destroyed, and benzoated oxide of zinc ointment applied, and the syr. ferri iodidi ordered. On the fourth day a piece of the morbid growth was found and again cauterized as before. The same general treatment was continued, and a cure was effected within five weeks.

A number of years have elapsed since these cures, and there has been no return of the disease. These are reported as selections from quite a number of cases treated by this method, with equally favorable results.

IODINE IN THE TREATMENT OF INTERMITTENT FEVERS.--Dr. J. W. Wadsworth, of Saltillo, Mexico, (*N. Y. Medical Journal*), commenced the use of iodine as a substitute for quinine while practising in Texas four years ago. The results were sufficiently satisfactory to induce him to continue its use in Mexico, where he subsequently removed. During the last fall and winter a very severe epidemic of malarial fever prevailed in Saltillo, comprising all types, quotidians, double quotidians, tertians and quartans. Quinine, which formerly sold for five dollars an ounce, was worth from ten to twenty, and was retailed at sixpence per grain, being entirely out of the reach of the poor, whose name is legion. During the months of October, November, December and January last Dr. Wadsworth treated three hundred cases of intermittent fever, of which he has recorded two hundred and sixty cases. In the severe cases from ten to fifteen grains of quinine, in two grain doses, were generally given during the apyrexia, and immediately followed by the comp. tincture of iodine in doses of x to xv♏ thrice daily. In the severest cases the following formula was used:

℞. Lig. potass. arsenitis..... ℥ i
Tr. iodinii comp..... ℥ ij
Tr. serpentariæ .....
Syr. simplicis, aa..... ℥ jss
Aquæ font., qs., ad..... ℥ vj
Sig. A tablespoonful thrice daily, after meals.

In every case the paroxysm was arrested within twenty-four hours, and the twelve doses, lasting four days, were sufficient to guarantee the cure, with the exception of eight relapses, six being on the *fourteenth* day, one on the *twenty-first*, and but one on the *seventh*. Quinine and arsenic have often failed the writer, but iodine never; but, nevertheless, owing to the malignancy of the fever, the poverty of the people and the necessity of prompt cure, it was thought prudent to make assurance doubly sure by reinforcing the iodine with a drachm of Fowler's solution in the severest cases.

THE ADIRONDACK REGION FOR PHTHISIS.—Dr. A. L. Loomis (*Med. Record*, April 26th, 1879) speaks very highly of the Adirondack region as a resort for those suffering from phthisis. This region is that portion of New York north of the Mohawk and west of the Champlain Valley, and extends about 150 miles northward and 100 miles westward. It is an undulating or hilly country, of porous soil, and covered with lakes and forests—pine and hemlock, etc. It has an elevation from 1,500 feet to 2,000 feet above the level of the sea. As might be expected, in such a latitude the winters are very cold, but not changeable, and the summers short and not very hot—the thermometer seldom or never reaching 90° Fahr. The air is clear, bracing and loaded with soothing fragrance from the extensive balsamiferous forests.

The doctor reports several very bad cases, some of which had become worse in Minnesota, at the South and at other favorite resorts, but received very favorable results from a summer sojourn in the Adirondacks. The best results were obtained by those who remained the longest—several years, both winter and summer. Some by camping out during the summer gained much in weight and appearance, and recovered almost entirely from cough, as well as night-sweats and fever, but by returning to the City of New York soon again began to manifest their former unfavorable symptoms. A return to their forest homes in the Adirondacks in most cases was followed by the most gratifying results.

It would seem from Dr. Loomis' report, that our Eastern brethren, like ordinary mortals, have been searching this earth from shore to shore for a region where the dreaded disease, phthisis, may be controlled, while the enchanted land, with its towering pines, has laid for ages beneath their gaze unobserved.

A PECULIAR MONSTROSITY.—Dr. Chamejdes, *Przeglad Likarski*, of Cracow, reports a monstrosity which consists of two children grown together, in one body, and therefore having a head at each extremity. It has four well developed arms and hands, two legs and feet on one side, proceding from the central portion of the body, and one leg, situated near its extremity, and two feet on the other side. It is a female child, with one umbilicus, one anal opening, and two apertures from which urine passes. The faces are directed the same way, and the child, or children, is 48 centimetres, or 18¾ inches long. The child was born after a twelve hours' labor, of a healthy woman who had previously borne three healthy and normally-developed babes.

DEATH FROM INTRA-UTERINE INJECTION.—On March 5th was presented to the London Obstetrical Society a uterus taken from a woman who six months previously expelled a vesicular mole. In consequence of hemorrhage, associated with menorrhagia, solution perchloride of iron was injected. The second syringeful was sent into the uterus, the patient died, and at the post mortem, iron was detected in the peritoneal cavity.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The Metric System.

We can assure our readers that it is with no slight humiliation that we acknowledge our efforts in the direction of inducing them to substitute the metric system of weights and measures for the old style, to have been signal failures. They will remember that we started out by giving the metric equivalent, in brackets, with the quantity designated in the prescriptions and formulæ in apothecary's weight. This was done as a sort of a feeler, with a view to ultimately making a complete substitution of the new system. To say that we did this in the interests of advancement and reform is, of course, unnecessary. It seems, however, that we mistook the stroke of the professional pulse; our readers are not only not ready for the innovation, but they actually, in many instances, protested against what we considered our laudable efforts to educate them up to "the way they do it in France." A number of highly esteemed subscribers (all our subscribers are highly-esteemed) went so far as to even threaten to "drop" the NEWS, if we persisted in our endeavors to foist this "new-fangled vagary" upon them. Now here was a dilemma. Of course, threats of this nature would never cause us to deviate one single hair's-breadth from the line of duty, for we belong to the do-justice-though-the-heavens-fall class; but here stretched out before us two lines of duty, the one towards the bringing of all mankind to the adoption of a universal system of weights and measures, and the other to the making of ourselves as acceptable as we may to those who pay for it. A careful scrutiny of the two lines, and a calm deliberation, convinced us that the latter was the clearest of the two, and we have, therefore, determined to leave the metric system alone until there is an unmistakable demand for it; we shall cease trying to create this demand. The American Medical Association, at its late meeting, adopted a resolution introduced by Dr. Seguin, making the metric system official with that body. We have great respect for the American Medical Association, and believe it capable of much, but we doubt its ability to legislate this metric system upon the American profession. If it is ever to be adopted it must be done by instilling it into the rising generation by making its study a subject for the children in the common schools of the country, so that when we, who are now in the harness, and whose conceptions of weights and quantities are fixed on the old system, have dropped out, they may bring in the new method. The great objection to the system lies right here: the use of it is at best mechanical, that is, it is a mere translation of the old system. We *know* what a centigramme is, for instance, because we know how much a grain is and that a sixth of this quantity makes the centigramme. Without the aid of the apothecary's weight, on which our ideas and conceptions of doses are based, the metric system would be unintelligible to every physician who has not, by proper discipline of his mind, conceived a correct idea of the quantities designated in that system; and the number who have done this, we venture to say, is very small indeed. This being the case, the use of the metric system must necessarily be attended with danger, for the only guarantee of safety lies in the physician's being a correct mathematician and in his having his wits at all times about him. Of course the physician should always be able to supply such a guarantee, but unfortunately what should be does not always exist. Of the three "R's," reading, 'riting and 'rithmetic, the latter is the one most frequently neglected, and it is by no means a simple procedure to convert all denominations of the old and new systems. The old physician, after hi

many years' practice, writes his quantities on his prescriptions almost automatically, and to break in on him would be to disconcert him to no inconsiderable degree. Other arguments against the change might be offered, but for the present let those given suffice.

Miscellany.

THE MEETING OF THE MICHIGAN STATE MEDICAL SOCIETY.—The Michigan State Medical Society convened for its fourteenth annual meeting at St. Andrew's Hall, on Wednesday morning, the 11th inst. Great expectations had been formed of this meeting, expectations warranted not only by the list of papers which had been announced for reading, but by the fact, also, that for the first time in many years a peaceable and harmonious session was promised, and one which, with the exception of the routine business of such meetings, was to be devoted exclusively to the legitimate objects of a scientific gathering. The attendance, in consequence of such expectations, was large—larger, perhaps, than that of any of its thirteen predecessors.

The President, Dr. Edward Cox, of Battle Creek, presided. The Rev. R. W. Clark offerred the conventional prayer on such occasions, and Dr. Wm. Brodie, chairman of the Executive Committee, delivered the conventional welcoming address. We would say of the latter, *en passant*, that it was one of the best addresses of this nature that was ever inflicted. If addresses of welcome must be perpetuated we recommend that, for brevity and terseness they be patterned after that of our friend Brodie's. After this address followed a number of kind invitations from citizens and institutions to have the members call on them and make themselves thoroughly at home during the intervals between their scientific *seances*. Though these were all received, with thanks, it was possible to accept only two of them, that to the laboratory of Messrs. Parke, Davis & Co., and that to the Water Works.

The President's address was on that perennial subject, "Abortion." It is needless to say that the crime was denounced, as it has often been before. The various remedies for the evil which have from time to time been suggested were passed in review, and preference given to the moral suasion plan,—educating the people through the press and the pulpit, and teaching them that it is wrong to commit abortions. Doubtless this is one of the best plans ever tried, but it has been in operation for some time with no appreciable results, thus far, in stopping the crime. Abortion is not the only crime that is deliberately committed in the face of the knowledge that it is wrong. If the evil is to be remedied it must be through other means than these. The address, however, had the ring of the true metal in it.

The first day terminated with a reception at the residence of Dr. Brodie, corner of Wayne street and Lafayette avenue. In much more than the mere conventional sense of the term, this was a success. We never attended an affair of the kind at which there was so little reserve, and at which the viands were more abundantly seasoned with delicious goodfellowship. It was a brief season of pleasure long to be remembered, and Mrs. and Miss Brodie will never be forgotten by those who enjoyed their generous hospitality.

SECOND DAY.

After the roll-call, Dr. Eugene Smith preferred charges against a member of the Society, an ophthalmologist, for having the fact of his being a specialist mentioned on his sign. This heinous thing is said to be in contravention of the venerable Code of Ethics, and with due formality and becoming gravity the charges were referred to the Judicial Council, who will deliberate on them for twelve months.

The Committee on Necrology reported the deaths since last meeting of Drs. J. H. Beech, of Coldwater, Dwight B. Nims, of Jackson, Z. E. Bliss, of Grand Rapids, and Nathan Mitchell, of Colon. Appropriate resolutions were adopted and ordered to be printed by the Society.

The Finance Committee reported receipts, $644.22, and disbursements, $463.10.

Dr. J. S. Caulkins, of Thorneville, presented a paper on "Hour-glass Contractions of the Womb," and Dr. Maclean, of Ann Arbor, reported all the ovariotomies he had performed up to date.

The Committee on Admission then reported favorably on the application for membership of Dr. Wells, of Howell, notwithstanding the fact that objections were raised to his admission by Dr. Beebe, of the same place. In view of the protest of Dr. Beebe, the case was referred to the Judicial Council, who will report on it next year.

The chairman here announced that the paper by Dr. H. O. Hitchcock, of Kalamazoo, the reading of which had been deferred owing to the absence of Dr. Dunster, of Ann Arbor, who had been selected by the author to read it, would now be proceeded with, Dr. Dunster having arrived. The following is the title of the paper: "A Case of Fracture

of the Acetabulum, with dislocation of the femur; reduction and subsequent dislocation, caused by improper movement of the patient; the history of a suit for alleged malpractice; review of the testimony in the case; decision of the Supreme Court and final result of the case." We presume the profession of this State are tolerably familiar with the history of the case, of which the following are, briefly, the points: A young man, a brakeman on the Michigan Central R. R. was injured by getting between two cars. He was removed to Kalamazoo, where, in the absence of Dr. Hitchcock, surgeon of the road, he was attended by Dr. Stillwell, who diagnosed a fracture of the neck of the femur. Dr. Hitchcock on seeing the case, without a careful examination, accepted Dr. Stillwell's diagnosis and continued the treatment he had devised. By order of the R. R. the patient was shortly after brought to St. Luke's Hospital, Detroit, Dr. H. O. Walker removing him thither on a Wood's hammock splint. After lying in the hospital some weeks it was ascertained that there was dislocation of the head of the femur into the ischiatic notch, and after many ineffectual attempts it was finally reduced. The patient very naturally, under such circumstances, supposed some one had blundered, and he chose Dr. Hitchcock as the scape goat, and burdened him with a suit for damages for malpractice. The trial before the lower court resulted in a verdict for the plaintiff for $2,000. Dr. Hitchcock at once appealed to the Supreme Court, and that body reversed the decision of the lower court, which, when the plaintiff sought to renew the complaint, finally dismissed the case.

It was but natural that Dr. Hitchcock should feel himself very much aggrieved, seeing that in addition to the inconvenience and annoyance, it cost him $1,000 to defend himself in the suit. He chose the State Medical Society as a jury to decide from the evidence, of which he had a certified stenographer's copy, at whose door lay the error in diagnosis, He maintained that there was originally a fracture of the acetabulum and that a luxation occurred during the patient's removal to the hospital. Although accepting Dr. Stillwell's diagnosis at the time, his doing so worked no injury, inasmuch as the treatment of the two accidents is identical.

The scientific points in the case are full of interest, and in so far as Dr. Hitchcock confined himself to a critical review of the testimony, his paper was a valuable one. The paper, however, was so full of personalities as to detract very materially from its value as a scientific article. The length of the paper also was an objection to it; its reading, with the bickering which it raised, and the discussion of the objections to its being proceeded with, occupied the time of the society to the exclusion of all the other papers which followed it on the printed programme. This was very unfortunate and should lead the society to the adoption of a rule restricting papers to a reasonable length. Dr. Hitchcock, however, in a measure atoned for the reading of his paper by withdrawing it from the society after it was read, and thus prevented the possibility of its publication in the printed transactions of the society.

The other papers set down for a reading were read by title and referred to the publication committee.

The following are the officers elect:

President—G. K. JOHNSON, Grand Rapids.
1st Vice President—J. T. THOMAS, Bay City.
2d " " —D. O. FARRAND, Detroit.
3d " " —W. F. BREAKING, Ann Arbor.
4th " " —E. S. SNOW, Dearborn.
Treasurer—G. W. TOPPING, DeWitt.
Judicial Council—WM. BRODIE, J. A. BROWN, J. H. BENNETT, FOSTER PRATT, and H. B. SHANK.

The society adjourned to meet at Grand Rapids, on the second Wednesday in May next.

REMARKABLE GROWTH OF HAIR.—The Philadelphia *Medical Times* states that " at one of his lectures at the College of Physicians, a year or two ago, Mr. Erasmus Wilson, of London, showed the photograph of a lady of 28, five feet five inches in height, whose hair, when standing up, enveloped her like a beautiful golden veil, trailing many inches on the ground. The longest hairs on this lady's head measured six feet three inches and a half in length. Thirty inches is the full average length in women, a yard being considered a fine and unusual growth. This, therefore, is a very extraordinary length of hair,—the longest, we believe, on record."

We were recently shown a photograph by Dr. C. Henri Leonard, of this city, of a man living in the interior of this State, whose beard, when he stands erect, trails on the ground, and measures seven feet six inches. This is probably the longest beard of which there is any record. The wife of a druggist of this city has the most luxuriant growth of hair we have ever seen. It is not quite as long as that of the lady mentioned by Dr. Wilson, measuring but five feet, but for thickness it is probably unsurpassed. As she sits on an ordinary chair, by letting down her hair, she can arrange it to envelope her like a great mantle, resting on the floor, and completely hiding her body from view.

OBITUARY.—Dr. Dwight B. Nims, of Jackson, Michigan, died, after an illness of five days, of pneumonia, on the 15th of April last. Dr. Nims was descended from English immigrants in colonial times, and the son of James and Lucy (Boyden) Nims. He was born in Conway, Mass., September 12, 1808. His professional education was received at the Fairfield, N. Y., College of Physicians and Surgeons, western district, and at the Berkshire Medical Institute, his degree of M. D. being conferred by the latter institution in June, 1833. In the same year he entered upon the practice of his profession in the State of New York; in 1835 removed thence to Clinton, Mich., in 1839 to Homer, Mich., and in 1864 to Jackson City. He was a member of the Onondaga Co., N. Y., Medical Society; of the Calhoun Co., Mich., Medical Society; of the Jackson Co. Medical Society, of which society he was also president; of the Michigan State Medical Society, and since 1856 of the American Medical Association. He married, September 8th, 1834, Anna A., daughter of N. White, Esq., of Manlius, N. Y.

Dr. Nims was a physician of good abilities and a man of honorable standing. He was held in high esteem by his professional brethren, and his death, although he had reached the Psalmist's three score and ten years, is regretted by all who knew him. He was one of the pioneers of the profession of this State, whose ranks are now year by year becoming thinner and thinner.

THE ORIGIN OF KEROSENE.—*Nediela* ("The Week"), a Russian paper, gives an account of a religious prejudice which has sprung up in one of the most ignorant of the rural districts of Russia. The farmers in the district of Kabilianki (Government of Poltava) have commenced to use kerosene lamps in place of the tallow candles or the pine laths which they had been in the habit of using. The innovation displeased their spiritual shepherd and he, therefore, denounced it from his pulpit, declaring that it was unlawful for a member of the Orthodox Greek Church to use the liquid. This sort of oil, he said, comes from the decomposed part of Satan, who had been confined to rot beneath the mounts of Caucacus since he rebeled against the heavenly powers. This was enough, and the parishioners returned to their tallow dips and pine laths. The story must be accepted as true, for it must be remembered that the Russian censor would not permit such remarks to be circulated as pleasantries.

THE MEDICAL CONFESSIONAL.—The *British Medical Journal* has established a "confessional" and invites the record of errors, blunders, and faults, as a set-off against brilliant cures which are made so much of. The utmost secrecy as to authorship is observed. The value of such a department in a medical journal must be great. The failures of the thoughtful physician are more instructive than his successes, and it is the thoughtful man who has most failures, at least it is he who recognizes failures which the ignorant blunderer relieves himself of the responsibility of, by attributing them to Providence. We shall be pleased to receive the record of any failures in the practice of our readers, and, while we require the name of the writer as a guaranty of good faith, we shall pledge ourselves never to divulge it. To illustrate the value of such a department, we give the following selections from the *British Medical Journal* confessional:

"R. V." says that he and a friend used forceps in a case of the delivery of a dead child, and five weeks after used the same forceps on another woman, who died of peritonitis. The forceps, he considers, ought to have been disinfected.

Another writer was called to see a patient who was passing a biliary calculus. Having relieved her from the pain of similar attacks by the hypodermic use of morphine, he injected the usual dose on this occasion. On calling the next morning the patient could not be wakened, and he was puzzled how to account for the narcotism. A casual sight of the feet showed them to be œdematous, and the examination of the urine which this condition suggested, showed albuminuria. By the use of belladonna and diuretics she was relieved.

Another writes: This morning, while in attendance on a first labor, in which the breech presented, I had the misfortune in bringing down one of the thighs to hear it snap; and, on examining it afterward, found a very loose fracture of the middle of the thigh. As far as I know I did not use any unnecessary force. I should like to hear the opinion and experience of older practitioners than myself, with some hints as to treatment. I have sought in works on midwifery in vain.

XEROPHTHALMIA—A NEW OPERATION FOR ITS RELIEF.—Ophthalmologists have, of all specialists, gynæcologists not even excepted, burdened medical literature with the greatest number of unpronounceable names. They have laid the Greek language pretty thoroughly under tribute for their affixes and their prefixes, in compounding words to conve-

niently (?) describe diseases and operations for their relief. Dr. Eugene Smith, of this city, has devised a new operation for the relief of what is known as xerophthalmia, and he has our gratitude for not suggesting a name for it. A Greek ending to a word like this would make the operation itself intolerable. He described his method in a paper before the Ophthalmological and Otological section of the American Medical Association at its late meeting. The *Medical Herald* speaks thus of the operation:

"Dr. Eugene Smith, of Detroit, read an interesting account of an operation he performed for the relief of a distressing xerophthalmia, with almost complete symblepharon. The operation consisted in scalping the free borders of the lids and uniting them so as to close permanently the palpebral fissure, and then removing the triangular section of the upper lid so as to permit an opening through which the function of vision was exercised. The case reported was greatly relieved by the operation, which now takes its place as one of the legitimate advances in surgery."

THE WISDOM OF THE PAST.—The *British Medical Journal* gives the following from among the graduating theses, which were defended with a great display of eloquence, in the 15th and 16th centuries, in Paris, at the Medical School, Rue de la Bucherie. The answer to each question is in the affirmative: Does Venus beget and expel diseases? Are the plague and venerie afflictions of Divine origin? Is wine good for healthy individuals as well as for invalids? Ought patients, sick with fever, to prefer a fish diet to a flesh diet? Has the plague been sent down from heaven? Has the moon any influence on the humors of the body? Do mineral waters make women more fruitful? Are short women more fruitful than tall women? Is wine the milk of old age? Is Aurora the friend of Venus? Can a toad be begotten in a man? Is it healthy for old people to put themselves in a passion? Are heroes given to melancholy?

EDITORIAL COURTESIES.—The copy of the *Southern Practitioner* for June which we received was so crookedly folded and so mutilated by the trimming knife as to render it practically valueless. Enough, however, of the paper is left to indicate that our brothers of the *Southern Practitioner* and those of the Louisville *Medical News* are not possessed of the kindliest feelings one towards another. The mutilated copy of the *Practitioner* fairly bristles with such choice expressions as the following, the same having reference to the *News*: "Willful misrepresentation," "malicious falsehood," "yelping cur," "mongrel cur," "billingsgate," "swein-houn slang," "cut-throat," and others of a similar character, too numerous to mention, while one article, devoted to the *News*, winds up with an ominous hint at "boot leather." The *News* man in a spirit of the most apparent kindliness replies to his impetuous adversaries thuswise:

"We commend its editors to a vigorous study of the *News*, to improve their journalism; to throw away their dictionary of poetical quotations, or to get one more apposite; to pension off the 'weakly' witticisms; to measure the length of their quadriceps before they talk about 'kicking'; whole families of their size have dislocated their thighs in too lofty attempts in this direction; to get out of their penitentiary; live decent; and now that their school has joined the College Association, they may be happy yet. To such ends shall we aid them, for

> 'In the slumbers of midnight the sailor boy lay,
> His hammock swung loose at the sport of the wind.'"

Before deciding which has the best of it we shall await the result of the contraction of the *Practitioner* man's quadriceps extensor cruris.

COLLEGE DIPLOMA FEES.—The St. Louis *Clinical Record*, April, 1879, has in its editorial: "The diploma fee is a direct inducement to the weak men (financially and morally weak) to graduate those students who are known to be incompetent. Such men are "passed" and graduated every year. * * It is diploma-selling of peculiar atrocity."

It has always seemed a little remarkable that a college should demand $20 to $30 from each student for certifying that the teachings for which due consideration has been received, has been properly done. The profession should be truly grateful to the *Record* for the information, that a few dollars could, under any circumstance, so nicely resemble colored glasses.

HOW DOCTORS ARE PAID.—An exchange gives the following truthful illustration of the way in which doctors are paid: "Save me doctor and I'll give a thousand dollars." The doctor gave him a remedy that eased him, and he called out,—

"Keep at it, doctor, and I'll give you a check for five hundred dollars."

In half an hour more he was able to sit up, and he calmly remarked,—

"Doctor, I feel like giving you a fifty-dollar bill." When the doctor was ready to go,

the sick man, by this time up and dressed, followed him to the door and said,—

"Say, doctor, send in your bill the first of the month." When six months had been gathered to Time's bosom, the doctor sent in a bill for five dollars. He was pressed to cut it down to three, and after so doing was obliged to sue to get it, and after he got judgment the patient put in a stay of execution.

THE NAME "ALLOPATH."—

Editor MICHIGAN MEDICAL NEWS:

In the last number of the NEWS you ask for suggestions looking to the relief of the profession from the term "allopathy." A homœopathic text book (Grauvogle's) has recently come to my notice, in which the author uses the term "physiological school" to designate the regular school of medicine, as distinguished from his own, and the term has seemed to me so truly descriptive, and so wholly unobjectionable, that I wish the profession would unite in adopting it. The word is a long one, it is true, but it has the merit of carrying a meaning, which the masses can in some degree understand, and which, so far as it is understood, will be complimentary to the profession. It will be easier to adopt it, too, because it carries with it no implied reproach to others, as the word "rational" would, if the regular profession should assume to take it to themselves as distinguishing them from all others.

One patent-right on common property has already become a fixture, in the appropriation of the word "eclectic" by a sect in medicine whose eclecticism is far less thorough and universal than our own. If it were not for the fact that it has been thus appropriated, or if the sectarian school could be dispossessed of it, eclectic would be a good word for our use, but as it is, "physiological" seems to be the best term that I have yet seen, and the fact that some of the homœopaths are helping us to it is worth something. They have succeded in dubbing us with the term allopath, and if now each and all of the medical profession would unite in resenting that misnomer, as applied to himself and would agree upon some intelligible substitute, perhaps it would not be so very difficult to get rid of the nickname.

It is possible that you may be flooded with suggestions on this subject between now and the next issue, but if you can find room for this letter in the NEWS I wish you would print it.

I am, very respectfully,

C. W. WOOLDIDGE, M. D.

WHITEHALL, Mich, June 12, 1879.

Editor MICHIGAN MEDICAL NEWS:

In your periodical of June 10th, 1879, I find an inquiry by Dr. G. E. Corbin. "Is not the term 'allopathy,' in its signification, entirely at variance with the principles and practice of rational medicine?"

I confess that I am astonished that so many physicians are content to be called allopathists. It is no less than voluntarily taking rank with the other sects in medicine, with the disadvantage of being considered older and more fossilized. Whilst seriously doubting that the words *allopathy* and *allopaths* were used by Dr. Dunster as reported in the Atlanta *Constitution*, the fact that they are used as applicable to rational practice by a majority of physicians is both patent and deplorable.

What name shall we use? If a Greek terminology *must* be employed, why not adopt *pantopathy*? Anything wrong in its signification? It, however, relegates us into the list of pathists and brands us a sect. My preference is for the adjective *rational*, to designate the physician, and *progressive* to qualify medicine. Thus, we are *rational* physicians and we practice *progressive* medicine.

W PARMENTER.

VERTMONTVILLE, Mich., June 12, 1879.

SULPHATE VS. BI-SULPHATE OF QUININE.—

EDITOR MICHIGAN MEDICAL NEWS—In the NEWS of June 10th, we notice your article, under "Miscellany," regarding pills, and we consider your editorial remarks just, even in view of the rather startling facts disclosed. There is one fact, however, that we do not think is sufficiently considered, viz., the insolubility of sulph. quinine itself. This salt, as you are no doubt aware, requires 700 parts of water to dissolve it; hence we recommend the bi-sulphate, which requires but 10 parts. Yours very truly,

McKESSON & ROBBINS.

New York, June 17, 1879.

Book Notices.

HEARING AND HOW TO KEEP IT. By CHAS. H. BURNETT, M. D., consulting Aurist to the Pennsylvania Hospital for the Deaf and Dumb, etc. Philadelphia: Lindsay & Blakiston. Detroit: E. B. Smith & Co.

This is the first of a semi-popular, semi-professional series about to be issued by the enterprising publishers and edited by W. W. Keen, M. D., of Philadelphia, which are to be furnished at the low rate of fifty cents per volume. The range of subjects is to be confined to those pertaining to *Sanitary Science* and the *Preservation of Health*, and will be treated of from an American standpoint with particular reference to our climate and modes of life. The numbers announced to succeed that now before us are "Long Life, and How to Reach it," "Sea Air and Sea Bathing," "The Summer and its Diseases," "Eye-sight and How to Care for it," "The Throat and the Voice," "The Winter and its Dangers," "The Mouth and the Teeth," "Our Homes," "The Skin in Health and Disease," "Brain Work and Overwork;" and other essays will follow these. The enterprise is one which deserves, and will, doubtless, receive a hearty support.

ON THE DISEASES OF THE ABDOMEN: comprising those of the Stomach and other parts of the alimentary canal, œsophagus, cæcum, intestines and peritoneum. By S. O. HABERSHON, M. D., London, Fellow of the Royal College of Physicians, Senior Physician to Guy's Hospital, etc. With illustrations: Second American, from third enlarged and revised English edition. pp. 554, 8vo. Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

The title of this work fully expresses its object. The diseases which are enumerated are discussed with the minuteness and comprehensiveness of the specialist, and the work has the special merit of not being a mere encyclopedic compilation, but is based on the experience of the author in one of the leading hospitals of England. Each disease treated of is illustrated with a number of cases, 192 in all, taken from actual practice—a very agreeable as well as instructive feature of the book, and the individuality of the author pervades the whole. We notice that the author believes in vicarious menstruation and cites several unmistakable instances of its occurence. It is impossible for us to devote space to such a review as the character of the book demands, and must content ourselves by remarking that it is one of the best, if not the best, book in our language, treating of the subjects which it discusses.

DISEASES OF THE INTESTINES AND PERITONEUM. By Drs. John Syer Bristow, Wandell, Begbie, Habershon, Cushing and Ransom.

This is the June number of Wm. Wood & Co.'s subscription library series. It consists of a collection of papers by the distinguished authors mentioned on the title page, and is a fitting number for the practical series which this library will contain. The diseases treated of comprise all to which the intestines and peritoneum are liable, and the information is fully abreast of the times. The chapters on "Intestinal Worms," by Dr. W. H. Ransom, and on "Diarrhœa," by Dr. S. O. Habershon, are strikingly practical, the former being profusely illustrated with cuts of different varieties of worms.

ELECTRICITY AS RELATED TO MEDICINE AND SURGERY. By A. D. ROCKWELL, M. D., Electro-Therapeutist to the New York State Woman's Hospital, etc. New York: Wm. Wood & Co. Detroit: E. B. Smith & Co.

Dr. Rockwell's name is already familiar to the profession as one of the authors of the comprehensive work on "Medical and Surgical Electricity" by Beard & Rockwell. The brochure before us is a reprint of a series of lectures which have already appeared in the *Virginia Medical Monthly*. Those who are in possession of the larger work, to which we have referred, will hardly understand why this small one was issued. To those, however, who do not wish to invest in the larger work this will prove a valuable aid to the study of the much-neglected subject of electro-therapeutics.

HINTS IN THE OBSTETRIC PROCEDURE. By WILLIAM B. ATKINSON, A. M., M. D., Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia, etc. Philadelphia: D. G. Brinton. Detroit: E. B. Smith & Co.

This little book is just of the size to put in one's pocket when he goes out to attend a confinement case, and it is just of the kind that he will find to be useful and agreeable reading while waiting for the *denouément*. It will refresh his mind and prepare him to meet accidents which may occur.

SECOND ANNUAL REPORT OF THE EYE AND EAR DEPARTMENT OF ST. MARY'S HOSPITAL, Detroit. Drs. EUGENE SMITH and C. J. LUNDY, Surgeons.

This report records the performance, during the past year, of a large amount of work, and an increase of nearly 35 per cent. on that of the year preceding, a fact which shows that the institution is growing in favor. There were treated in all 622 cases, of which 486 were of the eye. These cases received 74,000 treatments, or an average of about 25 per day—a clinique, certainly, of no inconsiderable size. The report contains an elaborate classification of the various diseases treated. Under the head of operations there are 100 cases, of which 8 were for cataract, 6 for enucleation, 16 for iridectomy, 2 for iridotomy, 12 on lachrymal apparatus, 14 on lids and 16 for strabotomy. The report is very creditable to the surgeons in charge.

TENTH CENSUS OF THE UNITED STATES:—

The following letter will explain the book:

DEPARTMENT OF THE INTERIOR,
Census Office,
Washington, D. C., June 6th, 1879.

SIR—I inclose a copy of a little book which has been sent to each practising physician and surgeon of the United States, where name and address are known to the Census Office, with the request that he will keep therein a record of all deaths occurring within his practice during the year June 1, 1879, to May 31, 1880, and will return the register at the close of the year to this office. It is hoped that this effort to improve the vital statistics of the United States will meet your approbation and receive your countenance and support.

Very respectfully,
FRANCIS A. WALKER,
Superintendent of Census.

It is to be hoped that those receiving this little book will make use of it, and, doubtless, those who may not have received it will be supplied by dropping a postal card containing a request for it to the address indicated. By means of the plan proposed it is possible to greatly improve the vital statistics of this country—a consummation devoutly to be desired.

Paragraphs.

Chloral hydrate is recommended as a remedy for night sweats. We have never tried it, and until we do so, shall doubt its efficacy.

After failure as apothecary and dramatic author, Claude Bernard embraced medicine, at once the most honorable of callings and the most absorbing of sciences.—*Rénan.*

Albion College, at its recent commencement, conferred the honorary degree of LL. D. on Prof. E. W. Jenks, late of Detroit Medical College, but now of the Chicago Medical College.

Mr. M. John Hall, of lot 16, 4th concession of Scott (*Canadian Statesman*, May 30th, 1879), owns a ewe that lambed early in April, and suckled her lamb. One month later she lambed again. There is scarcely any difference between the two lambs.

Dr. Daniel La Ferté, Demonstrator of Anatomy in the Detroit Medical College, has manifested his disapproval of the recent re-arrangement of chairs in the College by tendering his resignation, which has been accepted.

BUSINESS.—A gentleman recently about to pay his doctor's bill said, "Well, doctor, as my little boy gave the measles to all my neighbors' children, and as they were attended by you, I think you can afford, at the very least, to deduct 10 per cent. from the amount of my bill for the increase of business we gave you."

QUACKS.—Dr. Richardson, President of the Medical Defence Association, of England, recently delivered his annual address before that body. The subject of the address was "Quacks." He divided the genus into the following varieties: Terrorist quacks, homicidal quacks, nostrum-mongering quacks, specialist quacks, protected quacks, and counter prescribers.

In order to appreciate the following, from the *Medical Press*, it must be remembered that "Devil's dung" was one of the old names of assafœtida: A small boy, entering the shop of a Scotch druggist, said: "Ma mither sent me for a bawbee's worth o' that stuff for the wind; she dis na' mind the recht name, but they ca' t deevil's dirt." To which the northern Knight of the Pestle replied, "Run awa hame and tell yer mither that I canna disturb the deevil for less than a penny."

HYSTERO-TRACHELORRHAPHY is the simple prattle (*Louisville Medical News*) of the gynæcologist for the operation of sewing up a lacerated cervix. Dr. E. C. Dudley, of Chicago, is credited with the invention of the term, and, according to Dr. Munde, he still lives. Surely the gynæcologists are trying to make themselves as ridiculous as the eye-men in the selection of their terms. Imagine such a term as the one above being used for 'convenience' sake, as is averred! One might sew up a couple of rents before he could pronounce it properly.

We will give a substantial present to each of the anonymous infinitesimals, "A. R. P.," of Jackson, and "C. R.," of ——, if they will call at our sanctum during our presence, and leave us in possession of their true patronymics. We have, at different times, received viraginian epistles from gentlemen of the pellets, but they have been so invariably anonymous that the monotonousness of the anonymousness has made us desperate enough to offer something handsome for a homœopath who will write us one of his characteristic attacks on an "allopath" and sign his name to it. Of course we shouldn't want to pay any fancy price; we should only be willing to pay what the thing is worth.

Prof. A. B. Palmer, of the Medical Department of the University of Michigan, has obtained a twelvemonths' leave of absence and sets sail about the first prox. for Europe, where he will spend his vacation. It is no longer a secret that Prof. Palmer has in process of preparation a work on Practice of Medicine, and he is going abroad to supplement the observations of a forty years' practice by a year's sojourn in the European hospitals. The time is ripe for an American work on Practice which shall be fully abreast of the times, and few men are better qualified to prepare such a work than Dr. Palmer. The ten thousand practitioners in this country to whom he has lectured will be especially on the *qui vive* for the book by their old teacher.

Original Articles.

Cholera Infantum.

BY W. H. ROUSE, M. D.

Now that the hot days of summer are near at hand, any discussion of the nature or treatment of cholera infantum or summer complaint will not be inopportune. Two years ago our city authorities sent physicians from house to house with instructions to vaccinate at public expense all who would permit and were not duly protected against smallpox. This was a very judicious expedient, and variola soon disappeared from our midst. Smallpox, which caused so much excitement in 1877, caused, as shown by the public records, 107 deaths, while summer complaint caused during the same year 148, without attracting much public attention.

During the past year yellow fever appeared in the South with more than its usual virulence. The people at the North nobly tendered aid and sympathy, and the National Government appointed scientific men to investigate the cause of this fearful scourge, and the best methods of guarding against its re-appearance. Had a similar course been pursued by our government in regard to cholera in-

fantum—a disease whose victims are legion—many a weeping Rachael might now have been a loving mother, training noble children for useful members of society.

Yet such is life. Familiarity breeds contempt. The fell monster, being expected, stalks through our cities summer after summer. One short, sad wail is heard as the victim falls, and the grief is assuaged by the pleasing thought, "Those whom the gods love die young."

Many theories have been advanced in regard to the cause of summer complaint, none of which are entirely satisfactory. This being the case, uniformity in treatment should not be expected. In one season a certain remedy or class of remedies seems to be pre-eminently efficacious, the next season some other, and at times all remedies and efforts are comparatively futile. This being the case, it is with considerable diffidence any particular remedial agent can be recommended.

For some years past I have been using, with considerable success for summer complaint, creosote or carbolic acid—a remedy by no means new, and one readily suggested by the character of the ejecta and the post mortem appearance of the mucous membrane of the alimentary canal, frequently observed in patients with cholera infantum. The dose should be small and often repeated, and seems peculiarly adapted to those cases where the feces are very offensive. It probably acts as an antiseptic

Nearly three years ago I saw a child aged seven weeks, about 10 o'clock in the evening. It had been vomiting and purging two days—during the last six hours every few minutes. The features were pinched, and the countenance and general appearance of the child suggested that death was very rapidly approaching. Believing the child would die before morning, I did not wish to assume the responsibility of prescribing for such a grave case. At the urgent request of the parents for something to be done, minute doses of creosote were given, and gum arabic water ordered for a drink should the stomach become quiet. No other medicine was given. The first dose quieted the stomach; the child commenced improving, and I was agreeably surprised in the morning to find my little patient in a fair way to recovery. The medicine was continued during the day, and in a short time the child completely recovered.

This case was a little exceptional, for it is seldom under any treatment that so favorable results can be obtained. Similar treatment has been used in quite a number of other very severe cases, with like results.

Now, while this antiseptic treatment is not recommended as a specific in these cases, it is believed to be worthy of careful investigation and experiment. It may be the means of saving some valuable lives.

The medicine can be conveniently administered on sugar, in syrup, gum water, or any simple excipient, but in sugar granules or small pills has been found most convenient. These pills may be bought by the pound. The medicine, mixed with sufficient alcohol to moisten a given number of pills, should be placed in a bottle with the pellets. After being duly moistened, the pills should be taken out, dried and kept in a well-corked bottle for use. This is the homœopathic method of preparing medicine, but is none the worse in consequence. "Prove all things; cling to that which is good."

Detroit, Mich.

A Case of Supposed Renal Typhoid.

BY L. J. COLLINS, M. D.

Seeing nothing in your valuable journal from this State since I have been a reader, most two years, and seeing, too, that it is circulated in this State, as your list of subscribers attest, I thought perhaps it might be well enough for an *Arkansaw doctor* to have a word or so; don't, however, take it for granted that because you send so few copies of the NEWS to Arkansas, and receive no communications therefrom, that it is the young Esculapius' eldorado, *the inhabited land where no physician is;* far from it, but the trouble is too few physicians here, as elsewhere, take medical journals—a still fewer number think it their *duty* to report anything new which might present itself to them, and by which report another brother might be profited, and where are they who report their failures that they may be to others a warning?

Allow me to give you and readers of the NEWS a brief history of a case, though the affection is not a new one, yet I see very little said about it.

April 15, called to see Mr. T. A. S., farmer, aged 30; had been sick he said for several days; some three or four days prior had called in Dr. J., who pronounced his disease congestion of the liver, and treated him accordingly. Examination, and questions addressed to his wife, who is a very intelligent lady, revealed the following symptoms: Considerable prostration, extreme paleness of integuments, very elevated temperature (105½° F.); the night vessel which the patient used showed deposit of bloody looking sediment from the urine, which his wife stated she had noticed for several days; examination of urine gave evidence of albuminaria in considerable quantity. Mr. S. further stated that he had been greatly bothered with bleeding from the nose; that he frequently became delirious, and was troubled with diarrhœa. After some further conversation with Mrs. S., I examined the patient for an exanthematous eruption, expecting, from symptoms detailed, to find it in an abundance; the eruption was present, but not as I had expected, for instead of being confluent, it was very slight and isolated.

I then left, stating to Mrs. S. that I would send some medicine from my office; and while *en route* to my office I was reflecting upon the symptoms. Could it be a genuine case of typhoid? The abdominal

pain, the diarrhœa, the eruption, were all too slight for the other symptoms; they did not harmonize for typhoid. Then, too, in typhoid we find orange coloration of urine, sediment at times, but not the rule; albuminuria slight and transient It was not typhoid *genuine*, and yet these symptoms were evidently typhoid. Could it not be in some other than the usually received forms, viz.: Cerebral, cerebro-spinal, and thoracic forms. Why could or should not the typhoid process affect other organs of the economy as well as these? I could reason only in the affirmative, and the difference between the urine in this case and that in the other, or generally received form of typhoid, was greater than that between any other symptoms. I was led to the diagnosing of the case as one of renal typhoid, and prescribed accordingly. There is nothing either novel or interesting in the treatment, except the use of *ergot*, upon which I put a great deal of reliance in *typhoid*, and doubly as much in the renal form. I prescribed of fl. ext. ergot, ʒ j; sodii salycil, ʒ ij; Holl. gin, ʒ iij; syr. q. s. ad., ʒ vj. Mix, and write teaspoonful every four hours. Under the above I found the bloody color to gradually leave the urine, sediment and albuminaria to disappear; temperature and pulse gradually and permanently came down. There was not the troublesome, high temperature to-day and low to-morrow, as we frequently have under other modes of treatment, so far as I have tried, and eight days after first seeing the patient I discharged him, sound and well. There was no great trouble with the diarrhœa after I took the case. This I attribute to the diet, which was milk with a certain amount of *solid* food to be taken at intervals of eight hours. I am rather an advocate of giving *some*, not too much, *solid* food in typhoid. I should like to hear from others on the point in this case.

Bay Village, Arkansas.

Thoughts on Diphtheria.

BY JAMES RUMER, M. D.

I read with interest, in the March number of the *London Lancet*, an article by D. DeBert Howell on the importance of administering a "scavenger" at the onset of an attack of diphtheria. The writer cites a few cases in which he shows the results of brisk purges in this malady. Now, cases there are, of, well, call them "bilious sore throat," in which you find a very foul and heavily coated tongue, constipated bowels, obstructed "portal circulation," with perhaps slight pyrexia. But the symptoms most complained of by the patient will be a very distressing sore throat. Now, although local applications may and do form valuable adjuncts, will not the most successful treatment be eliminative—something to eliminate the morbid matter from the blood—combined with some bitter tonic to tone up the system? And taking it for granted that diphtheria is a species or kind of septicemia, and that the throat complications are but a symptom of a general disease, that the diphtheritic exudation and more general prostration are due to a more perfect development of the same blood poison than in a "bilious sore throat," why should not the eliminative treatment be just as applicable in the latter disease as in the former?

Are not diphtheria, erysipelas and scarlatina more nearly related than they are generally supposed; that is, may they not be considered as offsprings of the same fruitful parent, malaria? Are they not all caused by a microscopic poison in the blood, and to remove the disease must we not strike at the cause, by purifying the blood? Is not the most effective treatment, then, to stimulate the glandular organs to increased activity, and cause them to secrete or separate the effete matter or poison from the blood, and in so doing unload the portal circulation and increase its activity? Then, as the blood must necessarily be impoverished, tonics are indicated to tone up, strengthen and make new blood; this, combined with local applications and astringent gargles, seems to me the treatment most likely to give success in this much-dreaded malady.

Pine Run, Michigan.

Selections.

THE TREATMENT OF INDOLENT ULCERS BY MEANS OF SHEET LEAD.—A good deal of attention has been attracted during the past year to the American treatment of indolent ulcers by means of Dr. Martin's India rubber bandages, and the reports received on all sides as to the value of this method are eminently satisfactory. I would, however, urgently request that a trial be given to the system which I was in the habit of adopting in all such cases at St. Bartholomew's Hospital, Chatham, some thirteen years ago, viz., the application of sheet lead, moulded to the shape of the leg and kept on by an ordinary calico bandage. The size of the lead should be sufficient to cover the ulcer completely and lap a little over the whole skin; the edges and angles should be well rounded, so as not to chafe or irritate; it should be about an eighth of an inch in thickness, and molded very accurately to the shape of the leg, so as to allow of no indent being apparent on the surface. After it has been carefully fitted, the leg should be bandaged from the toes upwards, and all that then need to be done is to uncover the ulcer night and morning and allow some water from a sponge to trickle over it. The granulations should never be touched with the sponge itself. I believe that the rationale of this treatment is pressure, the same as in the case of the elastic bandage, though there may be also some action produced by the secretions upon the lead, as is said to take place when the lead nipple-shields are used. The great advantages of the system proposed are simplicity

and cheapness, though as regards the former I think it must yield the palm to the elastic bandage. It would appear that in some parts of Africa the natives use sheet copper, and with some success, but I cannot say I have ever tried it myself.—F. P. Atkinson in *The Practitioner*.

INCONTINENCE OF URINE RELIEVED BY CIRCUMCISION.—Dr. C. E. Nichols (*Medical Record*) reports a case of a boy, 15 years of age, who was relieved by circumcision, of incontinence of urine, of eight years' standing. During this time he had not once voided his urine in a normal manner, but was subjected to a constant dribbling day and night. From the constant stillicidium of the urine, his clothes were wet and offensive, no measures having been found practical to collect the urine in a suitable reservoir. He was a disgusting and pitiable object. His prepuce was unusually long and somewhat thickened; the orifice was small and the glans, as felt through the skin, was exceedingly sensitive. The pain and nervous excitement in manipulation led to the conclusion that the probable cause of the trouble lay in the phymosis. An examination, under chloroform, revealed no difficulty in the pelvic viscera which could be regarded as the cause, and circumcision was performed. The effect of the operation was very marked, and though the exposure of the inflamed and sensitive glans was a source of suffering, yet he was able immediately to retain his urine for two or three hours, and the bladder rapidly improved in tolerance, so that the patient became free from all trouble and inconvenience.

CONDUCT OF THE THIRD STAGE OF LABOR.—Dr. DeLaskie Miller (*Chicago Medical Journal and Examiner*) concludes a paper on this subject with the following *resume:*

1st. Contractions of the uterus after the birth of the child are essential to complete the detachment and expulsion of the placenta first, and second, to compress the sinuses and thus prevent hemorrhage.

2d. Periods of rest during this process are important, to permit the closing of the disrupted sinuses by sealing with coagula.

3d. The early agitation of the uterus by kneading and compression would defeat the conservative forces of nature in the stage of natural labor.

4th. Withhold ergot until the placenta is detached.

5th. Deliver the placenta by bringing it down edgewise with the hand, and not by traction upon the cord.

6th. Inertia of the uterus without hemorrhage requires time and restoratives.

7th. Inertia of the uterus with hemorrhage, introduce the hand to deliver the placenta, and at the same time secure contraction.

8th. Irregular contraction is best overcome by moderate force, continuously applied.

9th. Abnormal adhesion requires artificial interference, so soon as the diagnosis is made.

[These propositions may be based on correct theoretical reasoning, but we apprehend that it will take more than theory to cause those who have practised the habit, to desist giving a drachm of ergot just as the head begins to press on the perinæum. There are, doubtless, many cases in which this practice is superfluous, but we have yet to meet with one in which it has done harm, while the fact that it has prevented post-partum hemorrhage in cases where this accident threatened, is indisputable.—ED.]

JABORANDI IN WHOOPING COUGH.—Dr. E. A. DeCailhol, *St. Louis Clinical Record, May*, 1879, reports one severe case of whooping cough, which was attended with very severe paroxysms every evening. Sixty drops fl. ext. jaborandi in two ounces of water was ordered to be given in teaspoonful doses every ten to fifteen minutes till half was taken. The medicine was commenced during the exacerbation, produced free emesis and perspiration, and relieved the patient till the following evening, when the difficulty was much lighter than previously. There was similar treatment the second evening, with like results, except that, on the following (third) evening the child coughed only once or twice. No further treatment was required. The child was about four years old.

POST-PARTUM HEMORRHAGE.—Dr. Griffith, *Obst. Jour. Great Britain and Ireland*, recommends compression of the abdominal aorta to arrest post-partum hemorrhage. This may be done by pressure on the bowels when the patient is not too corpulent, on the womb through the abdominal walls—the womb being used as a pad—or through the womb, the hand being introduced for that produce.

This method, which requires neither medicines nor instruments, has the advantage of availability. No time need be lost sending for supplies, for pressure made by the hands on the aorta so as to arrest the flow of blood is all that is immediately required.

TREATMENT OF DIARRHŒA BY THE HOT-WATER DOUCHE.—Schornstein advises, in the *Wiener Med. Presse*, No. 49, 1878, the application of a douche of hot water under strong pressure to the umbilical region, in cases of diarrhœa. The temperature is at first 50°. but may be raised to 72°. The duration of the application lasts from three to five minutes; after it the patient takes a hip bath of 50° to 62°. This treatment is generally repeated not more than twice daily. Dysenteric diarrhœas, combined with tenesmus, and dysentery itself, if not inveterate, are treated in the same way. The effect is very rapid, and lasts longer than the opium treatment does; the the pain is also calmed very quickly. The author has also found that this hot douche answers in cases of colic caused by biliary calculi, and in many kinds

of neuralgia, sciatica excepted, where it was desirable to remove renal calculi and gravel, or long accumulated fæcal matter.—*London Medical Record.*

ATROPIA FOR URTICARIA.—In three cases of severe and stubborn urticaria, after everything else had failed, Frænkel (*Berliner Klin. Wochenschrift*) found that the internal use of atropia succeeded in promptly allaying the annoying itching. It will not, however, prevent relapse.

Formulary.

The following will be found an excellent prescription for intermittents of a chronic or severe form for adults:

℞ Quiniæ sulph		ʒ j
Ether, spir. nit	fl.	ʒ j
Tr. Gelsem		ʒ ss
Morphiæ acet	grs.	v
Aquæ, q. s. ad		ʒ vj

Dose, teaspoonful every hour, commencing five or six hours before the chill; after chill time take only every four hours. Children, proportion to age.

BAY VILLAGE, Ark. L. J. COLLINS, M. D.

THYMIC ACID AND THYMATE OF SODIUM.—Dr. Alvin has for a year been using thymic acid as a substitute for carbolic acid in preparations intended to exercise a caustic, alterative, or simple astringent action on the pharyngeal and laryngeal mucous membrane. These preparations, much better tolerated, of a more agreeable taste, and quite as active as those of carbolic acid, have given him the most satisfactory results. The following formulæ are among those used by Dr. Alvin:

SOLUTION FOR APPLYING TO THE MOUTH AND THROAT—

1. *Caustic.*

a.— ℞ Acid. thymic. cryst. . . . . part 1
Glycerinæ puræ . . . . parts 2–4

b.— ℞ Acid. thymic. cryst. . . . . } ää part 1
Iodinii . . . . . }
Potassii iodidi . . . . . }
Glycerinæ puræ . . . . . parts 5–15.

2. *Alterative.*

a.— ℞ Acid. thymic. cryst. . . . . part 1
Glycerinæ puræ . . . . . parts 50

b.— ℞ Acid. thymic. cryst. . . . . } ää part 1
Iodinii . . . . . }
Potassii iodidi . . . . . parts 1–2
Glycerinæ puræ . . . . . parts 120

c.— ℞ Acid. thymic. cryst. . . . . } ää part 1
Tannin . . . . . }
Glycerinæ puræ . . . . . parts 100

3. *Astringent*

℞ Acidi thymici cryst. . . . . part 10
Glycerinæ puræ . . . . . parts 50

Pastiles

R. Thymate of Sodium, 1 milligr. (gr. $\frac{1}{65}$).

These pastiles are useful in superficial stomatitis, irritation of the upper air passages, and erosion of the mucous membrane in smokers, and they are very useful in quieting spasmodic cough. They should be made trial of in whooping cough.

℞ Thymate of sodium, 1 milligr (gr. $\frac{1}{65}$).
Chlorate of potassium, 10 centigrs. (gr. 1½).

In severe forms of stomatitis, amygdalitis, pharnygo-laryngitis.

℞ Thymate of sodium, 1 milligr. (gr. $\frac{1}{65}$).
Borax, 10 centigr. (gr. 1½).

Ulcerative stomatitis and amygdalitis. These proportions are in each case for a pastile of 16 grains; they may be taken to the number of six to ten daily, and the advantage of overcoming, to a greater or less degree, the putridity of the parts diseased.

In pulmonary affections the following formula has proved useful:

℞ Sodii thymat., .1-4 centigr. (gr. $\frac{1}{6}$ to $\frac{1}{4}$).
Syrupi simp., 60 grammes (ʒ xv).
Aquæ, 100 grammes (ʒ jv).

Sig.—Take in the course of twenty-four hours.

As thymic acid is often found impure and more or less inert, the crystallized form should always be used. It is a strong caustic.—*Bull. Gen. de Therap.—Phila. Medical Times.*

WHITE'S GOUT PILLS (used at Bellevue Hosp.)—

℞ Hydrarg. chlor. mit.	} ää	ʒ j
Pulv aloes		
Pulv. ipecac		
Ext. colchici acet		

Mix. Divide into 60 pills.

ANTI-RHEUMATIC PILLS.—

℞ Ext. colocynth. comp.	grs.	xiv
Ext. colchici acet.	grs.	xxx
Ext. hyoscyami	grs.	x
Hydrarg. chlor. mit.	grs.	x

Mix. Divide into 30 pills.

ANTI-EPILEPTIC PILLS—

℞ Argenti nitratis	grs.	x
Zinci oxydi	grs.	xx
Micæ panis, q. s.		

Mix. Divide into 20 pills. Dose, one three times a day.

BARKER'S POST PARTUM PILLS.—

℞ Ext. colocynth. comp.	} ää	ʒ iij
Hydrarg. chloridi mitis		
Ext. hyoscyami		grs. xj
Ext. nucis vomicæ	} ää	grs. xx
Pulv. aloes		
Pulv. ipecac		

Mix. Divide into 120 pills.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, JULY 10, 1879. No. 13

Editorial.

The Summer Vacation.

The thermometer has reached the nineties, dog days are coming on apace, and man begins to wilt. The annual hegira from the city to the country and to fashionable watering places has already set in, and the "season" may be said to have fairly opened. The business man worn by the cares of trade, the lawyer fatigued with his "quiddets, his quillets, his cases, his tenures and his tricks," and the divine jaded by his ministrations, are hieing away, leaving dull care behind, to the seaside plash, or mountain gloam, or shady nook, or limpid stream—"anywhere, anywhere out of the world" of care. Now we have no fault to find with all this, on the contrary we commend it as the thing we should advise were the pleasure seekers patients of ours; they are off for a few weeks' recreation, a season of rest in which to renew the wasted body, to tone up the relaxed fibre, to unstring the bow which having been so long bent has begun to lose its elasticity—the best possible thing they could do. They will return new men, with the ravelled sleeve of care knit up and a store of vim and zest which will much more than make up for the time spent in their vacation.

But what are the doctors doing all this time? Going their weary rounds, the vast majority of them, like the worn and jaded horse in the mill, fatigued in body, wearied by broken nights of rest, and worried by the carking cares of the clientelle, they either cannot or will not throw physic to the dogs for a brief spell, and go off for a few weeks' rest and recuperation. They plead either a lack of funds or a lack of time, and take what comfort they may out of the reflection that duty, either to themselves or to their patients, keeps them at home. It's all a mistake. Systematic resters are the most effective workers, and the man who would work when he works must have his seasons of play. Our English brethren now very generally take their vacations, and find they so far from not being able to afford them they really cannot afford not to take them. The money expenditure need not be great, and as rest consists rather in change of scene and employment than in cessation from work, there are abundant opportunities in this country for enjoying cheap and profitable seasons of recreation. The city doctor can go out and commune with nature, and the country doctor, whose familiarity with nature has almost bred contempt for her, can spend a few weeks in the city, and both at a very moderate outlay of capital. A few weeks spent in a hospital would be a grateful as well as a profitable respite for the country doctor, and the "Course of Graduates" which some of our colleges, notably the Chicago Medical College, in the West, have introduced, will afford a month's rest and recreation at once profitable and pleasurable. We hope to see the day when the summer vacation may be a fixed fact, and when Dr. Brown will as regularly as the season arrives tack on the door a card bearing the legend, "Absent for a few weeks; call on Dr. Jones, over the way." And when Dr. Jones, as soon as Dr. Brown returns, will ask the latter to repay him in kind.

EDITORIAL NOTES.—With the present number the circulation of the NEWS has reached **3,000** copies,—a statement which any interested party can have corroborated by the printer's affidavit. There are probably not three medical journals in this country with a larger *bona fide* list. As a medium, therefore, for the interchange of opinions on medical topics the NEWS has few equals. When a physician writes an article, his own interests, as well as those of the profession, demand that it should not be buried in a journal hav-

ing a small circulation. We request the opinions of practical men, and shall be glad to receive articles from any one who can confine his remarks to the limits of four closely written pages of foolscap. Short articles are more apt to be read, and are much the most effective when they are read. Long-winded, prosy compilations are a weariness to the flesh. Don't send us any, for we won't print them.

Miscellany.

A MEDICAL GEOGRAPHER AND STATISTICIAN.—The following, from the *Medical Press and Circular*, a leading British medical journal, reveals the average insular knowledge of persons and things in the outside world. The statement that the reading population of this country, even though the remark is intended to be confined to the medical profession, is smaller than that of Great Britain, is notoriously incorrect, as the combined circulation of the medical journals of that country and the statements of observing men abundantly testify. Certainly the quality of many of our journals might be improved, and the standard of journalism *is* improving, but such as these journals are they are generally read, while it is known that the average English country doctor is not a reader.

Our English contemporary's knowledge of geography is in keeping with that displayed in the rest of his article:

"They do things differently in France, was an everyday expression in the Napoleonic era. This might now be changed to America, as Republican France is *de trop* for the time being. We are uncertain as to the number of medical journals of all shades in the States, but they number something like ten times those of the United Kingdom, with a smaller reading population; and as a leading authority recently remarked, the whole might advantageously be reduced to a number represented by a unit. Still, a month rarely passes but that, mushroom-like, fresh ones crop up; and to-day we have before us the first number of a new journal called the *Medical Herald*. Now, Louisville is a State of about a million and a half of inhabitants, with about 2,500 members of the profession, and as the existing two medical journals were not sufficient for the consuming powers of the said 2,500, a third is now started and a fourth will appear shortly. Number one of the *Medical Herald* is as good as all numbers are; number two is usually disappointing; in number three all the promises of the initial issue are usually forgotten; we hope the new venture will discover an improved method of procedure."

AN ANOMALOUS MONSTROSITY.—D. W. T. Plant recently reported in the *Obstetric Gazette* a rather singular monstrosity. The *Gazette* has no distinctive "Confessional" department, and hence the case appears without its proper heading. Dr. Plant was requested by a medical friend, who had attended the accouchment, to view the monstrosity before its interment. The history of the case revealed nothing unusual in the labor. The head presented and the waters escaped early The fœtus seemed to terminate at the pelvis in a large, fleshy mass attached to the buttocks. No umbilical cord, no vestige of connection of the monstrosity with the uterus could be observed. There were some feeble efforts at respiration, but these were not encouraged, and the child was humanely (?) left to its fate, it being thought advisable not to cumber society with any such monster.

On first viewing the mass, Dr. Plant was also deceived by its appearance, but a closer investigation revealed the fact that the fœtus was doubled up in the usual ante-natal fashion, and that it was enveloped by the secundiness, the fleshy mass at the buttocks being the placenta. When the membranes were skinned off a perfectly formed male child was shelled out, and the attending physician's humaneness was shown to have been wasted, and worse than wasted.

We question the right of the accoucheur to supinely allow even an unmistakable monster to perish, and in the present instance should have very little sympathy with the attendant were he mulcted in damages for malpractice.

LAW VS. MEDICINE.—At the recent annual meeting of the Kansas State Medical Society the Executive Committee chose a lawyer to extend the inevitable address of welcome, and witness from the following extracts how he requited them for the honor conferred on him:

"There are many cases determined in our courts involving nice questions of medical jurisprudence, whose elucidation requires the learning, the skill and experience of the physician, and the lawyer who is most active in securing the services of the largest number of medical gentlemen to espouse his cause is generally successful in gaining the victory. It may be a case in which an unfortunate defendant is accused of having taken the life of a human being, and ordinarily, for such an innovation upon the

rights of man, he ought to be punished; but when we take into consideration the fact that he might have committed the act in a moment of emotional insanity—which, generally, can only be shown by the testimony of gentlemen of your profession—we at once understand the obligation of the lawyer who has successfully established the innocence of his client through the skill of witnesses whose experience in life has unfolded to them, and them alone, the hidden mysteries of the mind.

It may be a case in which a plaintiff claims that some railroad corporation, through negligence, has caused his limbs to be broken, his body crushed, his heart displaced, and his flesh lacerated and wounded. The lawyer for the plaintiff can generally show that the injuries of his client are lasting, permanent and agonizing in the extreme; while that of the defendant will experience no difficulty in almost demonstrating the fact that the displacement of the heart will produce freer action of that organ of the human system; that the injury may be functional or it may be organic—in either event beneficial; that the broken arm is stronger than before; that the fractured clavicle lends more power to the acromion process; that a broken spine aids and accelerates locomotion; and that a lesion of the spinal cord awakens the hitherto dormant faculties of the brain; and, in fact, that the plaintiff has been so improved upon by the accident that, had our Creator seen the *perfect* man before the creation of Adam, he would have fashioned him after this new model. * * *

You will find our citizens active, enterprising and prosperous, and will be glad to know that our resident physicians congratulate themselves daily that their lot has been cast in Atchison. They have prospered beyond their most sanguine expectations. One of them is proprietor of this large hall. Another has retired from practice, and is now a principal stockholder and proprietor of a bank. Another is growing rich from the rents of his landed estate. Another has recently become fee-simple owner and proprietor of a baby. All forcing the conviction upon our minds that our physicians are active, energetic and persevering.

We have no magnificent hospital to which we can invite your attention, but I feel assured that our physicians will take pleasure in showing you through the several grave-yards that environ the city, affording conclusive evidence that they have been active and vigilant in the past. They will tell you, owing to the present healthy condition of the city, their business is now all under ground."

Served them right.

A New Scientific Use for Wine.—The late Sir Walter Trevelyan has left his cellar of wines to Dr. B. W. Richardson for "scientific purposes," and this eminent apostle of total abstinence purposes carrying out the intention of the bequest by selling the wines and founding a hospital with the proceeds. Inasmuch as Sir Walter's wines are estimated to realize at least twenty thousand dollars, they will go quite a distance towards advancing the cause of science in the contemplated direction.

Medical Science.—This science, according to the *Druggists' Circular*, is about getting a great set-forward by a surgical professor and editor in a Western city. He engages to write a series of articles under the above head, and claims that he is the only person "who contends that medicine is a science." An extract will tend to show how he handles the subject. It is a little hazy, but it is grand:

"There being a universe, something is universal, for naught could not be universal, for negative cannot be positive, else nothing is something and active, doing, manifesting phenomena, etc. Naught is the negation of something, which being so, establishes axiomatically the facts of positive and negative values; hence as all things are they must be, either one or the other, therefore all things exist as positives, or the counterpart, negatives."

Oculists and Aurists.—The Medical Society of the State of New York, at its annual meeting, passed the following resolution, the subject being presented by the legal proceedings instituted in the Niagara County Medical Society:

Whereas, The question has been referred to us for decision, now, therefore, for the purpose of declaring an authorative decision upon the question, and for the information of the profession, therefore be it

Resolved, That it is a breach of the code of medical ethics of this Society for a member of a County Society, entitled to send delegates to this Society, to use upon signs, billheads or advertisements, by way of advertising his profession, the words "Eye and Ear Infirmary" or "Oculist and Aurist."

The code of the American Medical Association is: "It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases." The sign is not mentioned.

The Michigan State Medical Society, by resolution, permits advertising to the following extent, viz.: "John Doe, M. D., physician and surgeon (or oculist and aurist, or other specialty, as the case may be), office, ——— street; residence, ——— street."

Recognized specialists are not permitted to engage in general practice.

It evidently requires some skill to determine who will be permitted to wear the ancient and time-honored straight jacket.

POISONING BY RHUS TOXICONDENDRON.—

EDITOR MICHIGAN MEDICAL NEWS:

I am located in a district where the rhus toxicondendron abounds extensively. Have had numerous cases of it, and have tried all the remedies mentioned in the books, and tried several new ones not spoken of, but have found none of much benefit. Some would palliate for a short time the intense prurigo, but it would return again in a short time. I found oleum olivæ of the most benefit in most cases. I write for information from the profession through the NEWS. Please publish that I may hear from some of the profession

Yours respectfully,

D. M. JOHNSTON.

ROCKWELL CITY, June 29, 1879.

[A case came under our care last summer in which we made local applications of fl. ext. of grindelia robusta, with favorable results, after a lead wash, applied by the patient herself, had given no relief. Since treating this case, Dr. S. A. Brown, U. S. A., has reported cases which lead him to regard bromine as a specific in rhus poisoning. He has used it in at least forty cases, and his experince has been that the eruption never extends after the first application, and that it begins promptly to diminish, so that if the remedy is persisted in the patient is entirely cured within twenty-four hours. The epidermis peels off as after other treatment. He applies a solution of from 10 to 20 drops of bromine to the ounce of olive oil or cosmoline, by rubbing it gently on the affected part three or four times a day, and especially on going to bed at night. The solution in glycerine is objectionable, because of the irritation caused by the glycerine. The bromine is so volatile that the solution should be used within twenty-four hours of its preparation, as it will get out of a bottle however well corked. It is best to stand the bottle with the cork down in the intervals of its application.—ED.]

SULPHIDE OF CALCIUM IN BOILS.—

GEORGETOWN, Mass., June 17, 1879.

EDITOR MICHIGAN MEDICAL NEWS:

In reading in a late number of the NEWS an article relative to the advantages to be derived from calcium sulphide in inflammation of the ear, it called to mind a case of severe carbuncle of the upper lip in a young man of delicate habit and of phthisical family history. This disease, mentioned by Holmes as of an extremely dangerous nature and very frequently fatal, was a source of great anxiety, inasmuch as the treatment had availed nothing Having noticed the reports of its efficacy in promoting suppuration, I placed the patient at once on ½ grain pills of calcium sulphide at two-hour intervals. Within 48 hours the heat abated, the lumps or nodes began to undergo resolution, and only the first part, or, as I might say, the earliest developed portion of the sore suppurated. I have mentioned this hoping to bring out more of the history of the use of this remedy.

RALPH C. HUSE.

[R. W., a professional athlete and wrestler, weighing 160 lbs. when in condition, and a model of physical development, has always been troubled, when in training, with crops of boils, for which he has gone through almost the entire list of alteratives without relieving his condition. He consulted us last month, presenting no less than four large and exceedingly painful boils, one of which was located on an exceedingly uncomfortable spot. Three of the boils had not yet commenced to suppurate, and we placed him on the following:

℞. Sulphide of calcium.....gr. j.
Sugar of milk.....grs. x.
Mix. Divide into 10 powders.
Sig.—Take one every 3 hours.

The result of the 10 little powders was the abortion of the three boils. He had the prescription repeated, and although he has been in active training ever since, there has been no return of the "comforters," and, contrary to what he feared as the result of the "drying up" of the boils, his health was never better, or his muscles more "corky."—ED.]

AN ABSCESS MISTAKEN FOR IMPACTION.—

EDITOR MICHIGAN MEDICAL NEWS:

Your hint in the last number of the NEWS that mistakes are frequently more instructive than successes, is a valuable one, and on the condition of secrecy which you promise in regard to the name of your correspondent, I submit the following:

I was called to see a woman who had three weeks previously been confined. There seemed to have been nothing unnatural in the labor, and none of the unfavorable sequela of labor were complained of. What alarmed the husband was the fact that notwithstanding the constant and repeated efforts of the physician who preceded me to produce an evacuation, the bowels remained unmoved. My attention was also called to a swelling in the left hypogastrium, about four inches in length and of the size of an ordinary bologna sausage, tender on pressure but not inflamed in appearance. I at once pronounced it a case of impaction of feces, and ordered an

enema of sweet oil with such gentle kneading of the mass as could be borne. One injection failing to bring a stool, another, and still another were tried, but to no purpose. I then inserted the tube of a stomach pump and forced a pint of soap suds into the bowel, but with no better effect than the other.

I had had cases of impaction before, and had invariably succeeded in removing the mass by the means I employed in this instance. Failing to secure an evacuation in this manner, I ordered warm poultices to the swelling and otherwise pursued the expectant plan of treatment. In a day or two the hard lump commenced to soften, and I felt safe in giving drop doses of croton oil every two hours. The third dose produced free catharsis, but to my surprise the swelling grew no smaller, although it continued to soften, and on my visit two days after I found that it had discharged about a pint of pus.

The case was one of obstinate constipation, but the swelling was an abscess instead of an impaction, and I had made a wrong diagnosis.

Book Notices.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION FOR 1878.

The transactions, making in themselves 900 pages, are increased by the prize essay by John A. Wyeth, M. D., on the "Surgical Anatomy and History of the Carotid, Inominata and Subclavean Arteries," of 250 pages, making an imposing volume of 1,150 pages. Having referred to the papers published in our report of the meeting of the Association, it remains only to state that the volume is in keeping, mechanically and otherwise, with its predecessors, and reflects credit on the indefatigable Permanent Secretary.

PAMPHLETS RECEIVED.

"Conclusions from the Study of One Hundred and Twenty-five Cases of Writers' Cramp and Allied Affections." By Geo. M. Beard, M. D., New York.

"The Hand as a Curette in Post-partum Hemorrhage." By Henry P. C. Wilson, Baltimore, Md.

"An Argument made before the American Medical Association at Atlanta, Ga., May 7, 1879." By Edward S. Dunster, M. D., Ann Arbor, Mich.

"Posture as a Means of Relief in Strangulated and Incarcerated Hernia." By Frank H. Hamilton, A. M., M. D., New York.

"Review of a Malpractice Case." By Homer O. Hitchcock, A. M., M. D., Kalamazoo, Mich.

"Annual Address on the Relation of Neurasthenia to Diseases of the Womb." By William Goodell, M. A., M. D., Philadelphia.

"Pendulum Leverage of the Obstetric Forceps." By Albert H. Smith, M. D., Philadelphia.

"Alternating Anterior and Posterior Version of the Uterus." By Samuel C. Busey, Washington, D. C.

"On Spasmodic Stricture of the Urethra. A reply to Dr. F. N. Otis." By Henry B. Sands, M. D., New York.

"The Radical Cure of Hernia by the Antiseptic Use of the Carbolized Catgut Ligature." By Henry O. Marcy, M. D., Cambridgeport, Mass.

Paragraphs.

Perineosinuexereeinator.

Castor oil is said to be a very soothing application to very sore boils.

The British Medical Association will hold its annual meeting this year at Cork, Ireland, commencing August 5th.

The friends of Dr. Roberts Bartholow gave him a farewell supper on the 12th ult., prior to his removal to Jefferson Medical College.

L. B. Bouchelle, of Georgia, (*Southern Medical Record*) claims that chloral hydrate, while it may ease the parturient woman, is really a better and more reliable echollic than ergot.

Dr. Huntington reports in the *Medical Record* a case in which $\frac{1}{6}$ grain doses of iodide of potassium, repeated every hour and a half, relieved vomiting after the usual list of anti-emetics had failed.

Dr. Starke advises (*Berliner Klinische Wochenschrift*) that after a dose of quinine is taken, a weak tartaric acid lemonade be swallowed. It accelerates solution and absorption, and relieves gastric irritability.

The *Indian Medical Gazette* states that a plant, called *rungun* in Bengalee, has been discovered to have remarkable curative properties in dysentery. The Surgeon General has ordered an extensive trial to test its claim.

The American reprint of the *London Lancet*, for many years issued by John C. Herald, has passed into the hands of the Industrial Publication Company, 14 Dey street, New York, and its appearance will probably be on better time than of late.

The internal administration of sulphur is recommended as a prophylactic of scarlatina, but as isolation was also carefully attended to in the cases on which the recommendation is made, we suspect that *post hoc* and *propter hoc* have been confounded.

The Ohio *Medical Record* says, "No wonder Chicago is wicked, when an editor of the Chicago *Medical Journal and Examiner* teaches that masturbation is a trifling vice—to be classed merely with such habits as picking the nose and scratching the anus."

Dr. Henderson, at a recent meeting of the Cincinnati Obstetric Society, reported a case of gestation which had been prolonged to fifteen months. The child was still-born, having died during the labor, for its movements were clearly felt three hours before it was born.

In our report of the late meeting of the Michigan State Medical Society we inadvertently omitted a reference to Dr. E. P. Christian's paper on "Shortness of the Umbilical Cord as a Cause of Retarded Labor and Accident," and Dr. G. K. Johnson's paper on "Hodgkin's Disease," both practical papers, and illustrated by cases reported.

It is asserted that strong coffee, without sugar or milk, given in teaspoonful doses every ten minutes, will arrest the vomiting of cholera infantum; and that a tablespoonful given as frequently to adults will relieve the vomiting of cholera morbus. It is an article which has the merit of being without danger at all events.

The London correspondent of the *American Practitioner* asks, "Where would Kentucky be without whisky?" And answers, "Not in the van of a great republic, but in the static condition of teetotal races." Kentucky is a great State, but it is a question whether her men, who imbibe Bourbon, are more famous than her horses, which eat blue grass.

Westminster Abbey is to have a bust of the late Sir James Y. Simpson. The inscription is to be the following: "In memory of Sir James Y. Simpson, owing to whose genius and benevolence the world owes the blessings derived from the use of chloroform for the relief of suffering. *Laus Deo.*" This inscription, as is well known, is historically incorrect.

A Western professor thus relieves his overcharged intellect: Anatomy, physiology, chemistry, botany, and microscopy have assumed for medicine the morning of a vast and glorious kingdom, whose temple of fame will cope with the hand of war and accompany time through eternity." "This," says the St. Louis *Clinical Record*, "is certainly a genuine sunflower of rhetoric."

Langenbeck, of Berlin, recently removed (*post mortem*) a calculus from a man's bladder which nearly filled the entire cavity and weighed eighteen (18) ounces. The man had suffered for many years from urethral stricture. One similar in size was quite recently removed (*post mortem*) from the bladder of a woodsawyer of Monroe, Mich. It had given no special inconvenience during life.

At a banquet given on the occasion of the late meeting of the Wisconsin State Medical Society, Dr. Jenks, in responding to the toast, "Specialties," referred to the saying of Dr. Boones, that the umbilicus was the only organ which had not received the attention of the specialist. Dr. S. J. Jones, of Chicago, maintained that even the umbilicus had not been overlooked, for had he himself not been a "naval surgeon" for seven years?

The London *Daily News*, in an article on French Doctors, says: "As in England, there exists a crooked opinion among the French peasantry and working classes that a physician should regard himself as a philanthropist, and pay his butcher's bill with the mere thanks of his patient; and at the end of the year he is treated as an extortioner, because he has charged a sum which will bearly pay for the wear and tear of his horse and gig." How American!

Dr. Herrick, of Greenville, complains that, since the notice of his reprint in our number of June 10, he has "been regularly deluged with letters from al most every State in the Union," making further inquiries. Advertisers make similar complaints. We certainly cannot help it; if they *will* advertise in the NEWS they must abide the consequences, as there is not a State in the Union in which the NEWS is not read. If they don't wish to be troubled with answers to their advertisements, they must patronize some other journal, that's all.

President King, of the National Eclectic Medical Association, in his address before the late meeting of that body in Cleveland, looked with suspicion on "the attempts of the regulars to elevate the standard of medical education and to protect suffering humanity from ignorance and charlatanism." He regarded these attempts as "really but the entering wedges of the garrote that is designed to crush them (the eclectics, the 'reformers') out of existence!" The learned professor's (?) metaphor is very much mixed, and if an elevated standard of education is inconsistent with the existence of his system, the system ought to die out.

Original Articles.

An Anomalous Case of Pregnancy.

BY O. E. HERRICK, M. D.

March 5th, 1879, I was called 15 miles up the railroad to attend Mrs. P——. Upon reaching her house I found she was suffering from a threatened miscarriage, and was at her sixth month. I applied proper remedies, and the alarming symptoms soon passed off. This lady stated that she had been in the habit of miscarrying almost every year for the preceding four or five, until the habit had become thoroughly established. Upon becoming pregnant this time, she was very desirous of going to full term, if possible, and accordingly visited Dr. McLean, of Stanton, Montcalm county, near which place she then lived, to get the habit broken up. The doctor successfully carried her over each monthly period until she was four months along, although she was threatened with abortion at each epoch. After passing over her fourth month, she and her family moved from the vicinity of Stanton to their present residence at Dickson, but before going she again visited Dr. McLean, and obtained some medicine to take when menaced with approaching abortion. The doctor prescribed ergot in small doses, to be taken at

the critical time in each month; he also gave her some of the preparations of opium. The medicine helped her along safely until the sixth month, at which time I was called, and by continuing Dr. McLean's treatment, with slight additions, miscarriage was again averted. I heard nothing further from the case until the seventh month of her pregnancy was reached, when I was hastily summoned by telegraph, and found that she was again threatened with miscarriage, and was flowing quite profusely, while she had regular and quite severe pains. Upon making an examination per vaginam, I found the os-internum dilated to the size of a silver quarter, with the membranes protruding, and becoming hard and tense with each pain, thus showing the uterine contractions to be strong and expulsive in character. Just after I had finished making my examination, she expressed a desire to urinate, and at the moment she was being placed over the vessel the membranes ruptured and the *liquor amnii* was poured out into the vessel (which was entirely empty) until there was nearly a quart. After this I believed it to be useless to further attempt to prevent miscarriage, and upon her getting to bed gave her a full dose of fld. ext. ergot, expecting to see it followed by stronger expulsive efforts from the uterus; but, much to my surprise, the woman did not have another pain, and after waiting an hour and a half I made another examination, and found that the membranes had receded, and the os-internum had closed so as to scarcely admit the tip of the finger. After waiting two hours longer without any further signs of miscarriage, and as it was nearly train time, I concluded to leave the case for the day, and consequently prescribed the following:

℞ Fld. ext. viburni prunifolii.
Fld. ext. viburni opuli.....ää ℥i
Fld. ext. ergotæ..... ℥jss

M. Sig. A teaspoonful to be taken every three hours.

I gave this mixture to control the uterine action during the night, thinking that perhaps the case would continue to a natural end the next day, at which time I promised to again see her. At 11 A. M. the next day I again visited her, and found she had passed a quiet night, sleeping soundly, and as she expressed it, "awoke as fresh as a daisy." Upon vaginal examination, I found that the os uteri had entirely closed up, and that the flowing had ceased, while the patient stated that she had not had a particle of pain since the water came away the day before. I again left her with directions to continue the prescription of the night before, only to take it three times a day instead of once in three hours. The patient continued in splendid health for the next two months, being around the house almost all of the time, and was delivered at full term of a live male child, weighing nine pounds, after a labor of only four hours.

The questions which are suggested by this case are, was the liquor amnii re-produced, or was the fluid discharged contained between the chorion and amnion, as in the earlier months of pregnancy? And was the fluid discharged true liquor amnii, or was it simply an unusual accumulation of liquor allantoidis? I opine that the latter hypothesis is the correct one.

Greenville, Mich.

Note on Diphtheria.

BY S. A MANZER, M. D.

Diphtheria has been quite prevalent for the past year, and physicians have consequently had their attention turned in that direction, each one trying, if possible, to find some specific for the much-dreaded disease. To this end every journal is anxiously perused. I believe the profession, as a whole, are agreed that diphtheria is a disease affecting the general constitution, locally manifested by sore throat, accompanied by diphtheritic exudations, and as our standard works are agreed as to the pathology of the disease, I do not desire to enter into a discussion on that point. As to the symptoms and diagnosis, there does not appear to be much discrepancy, as any thorough observer may readily diagnose the disease. To be sure there have been some very practical suggestions made for the completion of diagnosis in doubtful cases, as for instance the injection of some of the exudation in under the integument. I have not found it necessary to have resort to this procedure, but should in a doubtful case. So, as we look over the pages of our journals, we do not find much difference of opinion until we come to the treatment. And here we find a variety of methods recommended, from the purely stimulating treatment to the purely sedative. I need not rehearse the various intermediate methods so familiar to all.

In our last epidemic, which occurred last winter, I treated some 75 cases, and I became thoroughly convinced that in order to combat the disease fairly, I must attack the enemy at the point of his invasion, which, in my mind, is the blood; and I found, by "unlocking the secretions" by diaphoretics and anodynes, combined as morph. sulph., spt. nitre dulc., syr. ipecac, alternated with good-sized doses of quinine, with counter-irritation about the throat, and local application within the throat of weak solution of carbolic acid and glycerine, that my success was quite satisfactory.

Wacousta, Mich.

Selections.

OBSERVATIONS ON AMPHORIC RESPIRATION AND AMPHORIC RESPIRATORY ECHO.—At a meeting of the Richmond Academy of Medicine, the President, Dr. M. L. James, presented a pathological specimen of a lung, which, in life, had afforded a very marked

amphoric respiration, occupying nearly one entire side of the chest. The lung showed a very large phthisical cavity, with a smooth internal surface, the front wall being made of a much thickened pleural membrane, closely adherent to the parietal wall, as it was nearly throughout the whole extent of that cavity, the result of adhesive inflammation. The rear wall was composed of a like adherent pleural membrane, with about an inch thickness of lung, which had lost its characteristic pulmonary structure, and was left in a carnified condition.

Dr. James expressed his conviction that such adhesion of the pleural surface of a cavity with the chest wall, was the usual condition by which amphoric respiration is produced, and has been surprised to see no mention made by the authorities of such a condition, as the occasion of the production of this abnormal sound. The authorities recognize the existence of a large cavity with firm walls, as the occasion of amphoric respiration, but he has nowhere seen any account where pleural adhesion has been the particular circumstance by which those walls were made thus firm. Dr. James believes that this, though not the exclusive, is the usual mode.

Dr. James also reported a case of *respiratory amphoric echo*, which had occurred in a case of chronic pleurisy with empyema, in which pneumo-thorax of the affected side had been established by a free opening made through the parietes of the chest to allow the escape of the large amount of pus which had been formed. In this case there had been no communication between the pleural cavity and bronchial tubes, there being no phthisical cavity, or other perceptible disease of the lungs, except the pleurisy referred to. The amphoric sounds occurred after the pneumo-thorax had been established by the operation, and were clearly produced by the communicated vibrations, from the passage of air along the bronchial tubes to that contained in the pleural cavity.

It differed from the amphoric sound produced by the direct entrance of air into phthisical cavities, in the fact that it occurred at a short, but appreciable interval, after the inspiratory act, was more prolonged in its utterance, being, indeed, rather a succession of reverberations, and susceptible of being recognized by its echoing quality of sound. For that reason, Dr. James described it as an amphoric respiratory *echo*.

The case was interesting as demonstrating the fact that sounds of an amphoric quality may be produced without the direct passage of the air of inspiration into a cavity, and that they are marked by distinctive characteristics, susceptible, under close attention, of recognition.—*Southern Clinic.*

A NEW METHOD OF TREATMENT IN OPIUM INEBRIETY.—Dr. J. B. Mattison, in a paper read before the American Association for the Cure of Inebriates, and published in the *Journal of Inebriety*, submits what he terms a "New Method of Treatment in Opium Inebriety." It is based on the power of certain therapeutical resources to control abnormal reflex sensibility, and accomplishes, largely, two cardinal objects, minimum duration of treatment and maximum freedom from pain. It consists in producing a certain degree of nervous sedation, and consequent control of general and reflex sensibility by means of the bromide of potassium, ammonium, sodium, or lithium, though reference is made especially to the *bromide of sodium*, and to its employment in *continued doses*, by which is meant its administration three times in twenty-four hours, at regular intervals so as to keep the blood constantly charged with the drug. Dr. Mattison lays particular stress on this method of administration. The salt should be given largely diluted with water, a drachm of water to a grain of the salt.

Granted a suitable case for treatment the plan may be summarized as follows: Opiate reduced, at once, to one-half or two-thirds usual quantity. Subsequent gradual decrease and withdrawal in seven or eight days. Mercurial cathartic, first night, followed by daily laxative enemas, or Hunyadi water. Bromide of sodium, 60 grain doses, increased 30 grains daily, ter in die, in six or eight ounces of water, on empty stomach, continued five to seven days. Restlessness following opium abandonment—met by hot baths, 100° to 110°, ten to thirty minutes each, often as required. Bromide eliminated by diuretics—digitalis and nitre, and diaphoretics—hot and steam baths. Insomnia relieved by chloral, combined, if need be, with Indian hemp or hyoscyamus. Diet exclusively milk and lime-water first three days of opium abstinence. Full diet resumed as soon as possible. Debility removed by generous living, general faradization, strychnine, iron, quinine, etc., with outdoor exercise and varied social enjoyment.

PROPHYLACTIC TREATMENT OF POST-PARTUM HEMORRHAGE.—Dr. John Kent Spender discusses this subject in a recent number of the *London Lancet*. He has examined all the literature of obstetric medicine at his disposal, including the first sixteen volumes of the Obstetrical Transactions, but finds no paper on the prophalaxis of flooding which treats of the treatment at the proper period of gestation. All discussion dwells on what should be done *during the progress of labor*, and Dr. Spender asks: "Is this then the whole problem? Is it not a mere fragment of a very wide problem, whose area is co-extensive with the whole period of gestation, and even beyond? If we expect a child-bearing patient to lose an unnatural quantity of blood during the third stage of her next labor, certainly it is a most narrow view to imagine that we are doing our whole duty to that patient in merely 'anticipating' hemorrhage when

the early stages of labor are going on." "It is easy to lose ourselves in a dark thicket of woods about 'debility,' 'want of tone,' and the like; but this is not science, nor can scientific knowledge be gained by any such means. Divesting ourselves of all obstetric specialty, we shall best approach the subject as the pure physician; and perhaps we shall find that a bleeding womb is only one weak member among many weak members, the vital resistance of which is weakened by deficient hæmatosis and imperfect formative power. The history of gestation may give rise to many medical accidents; the physiological experiment of pregnancy (as Dr. Barnes calls it) searches the body in every part, and tells in plain terms when blood is poor, nerves and nerve-centres are irritable, and excretory glands are blocked or damaged. But at the end of nine months there is one organ whose strength will be specially tested, and the enormous strain to which it is then submitted will prove or disprove its textural soundness, the integrity of its muscular fibres, and the elasticity of its blood vessels. And if this healthy balance be seriously disturbed, can we wonder at the phenomenon of post-partum hemorrhage?"—Dr. Spender believes, in the first place, that many cases of post-partum hemorrhage arise from an ill-nourished uterus. In many cases the uterus is starved because the body is; and nerves and muscles and bones waste because of the long inability to take food in proper quantity and quality. The uterus is a bag of muscle like the heart, and is liable to some of the frailties and accidents which beset all organs constructed as receptive and expulsive cavities. If mere weakness can disturb the rythmic action of the heart so as to produce palpitations and faintness, it is only according to analogy that a weak uterus should abort, or be flexed, or be unable to contract efficiently when the mature ovum has been expelled. Although no direct observations have been made, Dr. Spender thinks that menorrhagia in early life is often a prelude to post-partum hemorrhage afterwards.

To strengthen the muscular fibre of the uterus he advises that a relatively large quantity of meat (the special food of all muscular organs) should be eaten during gestation. The "positional treatment" should also be resorted to. The patient should lie down for three or four hours daily on a couch, the foot of which is raised a few inches, so as to lighten the arterial column flowing to the uterus, and proportionately to favor the return of venous blood from it. Static pressure being thus relieved, the uterine sinuses are not so liable to be distended, and passive congestion is retarded. Daily muscular exercise in the open air is also of vital consequence in helping the metamorphosis of tissue and the processes of excretion. As a special restorative medicine he has greatest confidence in the muriate tincture of iron, to be taken especially during the latter months of pregnancy. Where a tendency to post-partum hemorrhage has appeared, too frequent pregnancies must be guarded against in order to allow the uterus time to recuperate. Dr. Spender does not think that chloroform predisposes to post-partum hemorrhage. He regards the obstetric belt worn during the last two or three months of pregnancy as valuable in promoting tonicity of the distended uterus.

A Rational Curative Treatment of Uterine Prolapse.—* * * Before applying the treatment we should seek for the cause of the disease; our proceeding is applicable only to prolapsus resulting from relaxation of the suspensory ligaments of the uterus, no matter what may be the cause of this relaxation—efforts, fall, accouchement, etc., and it is not applicable to prolapsus due to any organic affection of the womb, or caused by pressure exercised upon it by an abdominal tumor. Inflammations, ulcerations, discharges, and other secondary complications should be actively combated.

We arm ourselves with pure tannic acid, and ourselves make a *concentrated* solution of it in water, *at the moment of using it.* A score of little balls of charpie are made, and are allowed to soak thoroughly in the solution. A brush (camel's hair), with a long handle, is to be in readiness. The woman being in a suitable position, a speculum is introduced into the vagina which reduces the uterus, or the reduction may be effected before its introduction. The brush is then dipped in the tannic acid solution, and being carried through the speculum, the uterine neck and he whole internal surface of the vagina is several times freely bathed, the speculum being withdrawn little by little, but re-introduced afterwards to pack the balls of charpie soaked in tannin in the uterine culs-de-sac, by means of a long pair of dressing forceps. The culs-de-sac are thus firmly packed, and the speculum being gradually withdrawn, the whole cavity of the vaginal canal is filled with these same balls, and the vulva is closed by a charpie tampon, which is externally supported by a compress. Complete rest in bed is observed, and twenty-four hours after its application the charpie is gently withdrawn, pellet by pellet. Cold vaginal injections, composed of a strong decoction of dried oak bark, are then prescribed, to be used three times a day. Before each of these injections the womb should be restored to position. At the end of two or three days at most this operation is repeated, and so on, increasing little by little the intervals between the applications of the dressing; and even after it is thought that a cure has been obtained, the injections alone should be continued for fifteen days or so.

Such is our proceeding; it is very simple inexpensive, applicable at all times and in all places, necessitating neither special apparatus nor substances difficult to procure, nor traumatism of the genital organs; it is entirely painless, very easy of applica-

tion even for the most inexperienced physician, and secures at the end of some months an absolute and veritable cure of uterine prolapse. (Five confirmative cases are then cited in vindication of the method. Trans.)—*La France Medicale—Canadian Journal of Medical Science.*

MICROSCOPIC EXAMINATION OF TRITURATED METALLIC AND OTHER HARD SUBSTANCES (*New Remedies*).—The homœopathic school has always claimed that the divisibilty of material substances with some inert substance, such as sugar of milk, was unlimited. Dr. C. Wesselhöft, a homœopath of Boston, has published a paper on the subject, in which he gives results which are totally at variance with the theory.

He finds that the sugar of milk is the chief obstacle to the examination of triturations. It is difficult of removal, and often occasions doubt whether a fragment of milk sugar or metallic speck is under the microscope. Careful study will enable one to detect it always when present. In examining a trituration of heavy metallic substances, the milk sugar may be got rid of by washing and decanting. A magnifying power of 100 is sufficient to recognize the minutest particles which may be produced by trituration, though higher powers are necessary for making measurements and identifying substances. This would seem surprising in view of the claim that continued trituration results in almost unlimited division.

Wood-charcoal was first examined. The smallest particle of the first centesimal was recognized, by a power of 100 diameters, and had a diameter of about $\frac{1}{100}$ in. Of the third centesimal a large number of samples had to be examined before a single particle of carbon could be detected. After repeated and careful search, it was proved that carbon particles were present, perhaps one or two in the field of vision. None smaller than $\frac{1}{10000}$ mm. in diameter were found. A drachm of wood charcoal alone was triturated for three-quarters of an hour. The smallest particle measured $\frac{1}{10000}$ mm.

Of gold leaf the third trituration was found to contain no particle smaller than $\frac{1}{10}$ mm. Even in the sixth trituration no particle smaller than $\frac{1}{1000}$ mm. was found. Of precipitated gold, which admits of higher division, in the first and second centesimal the smallest particle varied equally between $\frac{1}{600}$ and $\frac{1}{1800}$ mm.

The trituration of iron and silica exhibited the same characteristics.

Of precipitated copper the smallest particle measured $\frac{1}{1200}$ mm. It cannot be objected that some particles may have been triturated so finely as to be undiscoverable, because examinations were made after every trituration, and the particles were found of the same size and same average number.

Lead is capable of further division. The smallest particle measured $\frac{1}{3000}$. But in this the limit of divisibility was reached in the first centesimal.

Mercury, triturated with milk sugar, even for a long time still remains divided in comparatively large globules, but with Canada balsam the globules become very much smaller.

The conclusion is that metallic and other insoluble substances cannot be diminished in size by constant trituration beyond a certain limit. The limit seems to depend upon the proportion of milk sugar; the smaller the quantity of the latter used the further may the division be carried. It has been believed that the minute division in which these bodies must be in the higher trituration rendered them completely soluble in alcohol or water. This theory must now be given up. The author himself concludes that no particles of the original substance could be present in any trituration higher than the third centesimal. Hence it is impossible to make dilution from the higher trituration. The author further states that he obtained from sixteen healthy persons, without any medicinal agent, nine hundred and nineteen different symptoms, or provings, as they would have been called. He advocates the giving up of all "provings" made with such dilutions as the twelfth and above, as there can be no material substance present in them.

DELIRIUM TREMENS.—Dr. Geo. W. Balfour, in a clinical lecture recently delivered at the Royal Infirmary, Edinburgh, discussed the history of the treatment of delirium tremens. Up to a comparatively recent period the production of sleep was regarded as the one object of treatment, and this led to the unjustifiable use of narcotics. Subsequently the expectant plan was pursued, on the belief that the disease was self-limited and would terminate naturally in from sixty to seventy-two hours. More recently still, modern chemical research having supplied us with safer and more active nervine sedatives, the production of sleep has again been recognized, not as a *sine qua non* in the sense of the former dogma that the patient must sleep or die, but a very important and most efficacious means of cutting short the attack,—so safe and efficacious in fact that it seems almost a premium on vice to promulgate it, though it is neither safe nor efficacious unless properly employed. The digitalis treatment, half a fluid ounce at a dose, has never been employed at the Royal Infirmary, as is also the case with the cayenne pepper method, scruple boluses every two or three hours, although each of these plans has its advocates. The tartar emetic treatment, in full emetic doses, is more useful in cutting short a debauch than in treating delirium tremens, although it may prove a valuable adjunct in the latter condition. Chloroform is too dangerous, and not sufficiently reliable as a remedy.

Dr. Balfour then discusses bromide of potassium

and chloral hydratis, the latter of which being the remedy on which he relies. He closes his lecture with the following summary: I have for long been in the habit of treating cases of delirium tremens by giving forty grains of chloral hydrate every hour, for three times if necessary. Sometimes, but rarely, the first dose has been enough, most commonly two doses have been required, and it is only in the rarest instances that the third dose has been necessary. If the attack be ushered in by *status epilepticus*, I shorten the interval between the doses to half an hour. Should the heart be feeble, I give each dose of chloral in half an ounce of the infusion of digitalis; the chloral, unlike the bromide, has no tendency to weaken the heart's action, while, like chloroform, it seems to induce a more equable distribution of the blood, the digitalis toning the heart, and increasing the arterial blood pressure. Even though pneumonia be present, though the risk to the patient is enormously increased, the treatment does not require to be in any way modified; it is still of the utmost importance to quiet the nervous system and keep up the heart's power; while, even *quoad* the inflammation, the treatment is not the worst that can be employed, and is indeed that with which I have for many years treated all my cases of pneumonia, as all my patients know, with great relief to their sufferings, and with at least an average amount of success; this treatment being an improved and modern analogue of the chloroform treatment which proved so successful in the hands of Varrentrop, myself and others.

CHLORAL INEBRIETY.—Dr. J. B. Mattison read a paper on Chloral Inebriety before the King's County Medical Society, April 15th, 1879, from which it appears that the much-used chloral is not an exception to the rule. "That to be potent for good involves, in the very nature of all things, an equal potency for harm." The use of this drug, which has usually been regarded as harmless, except in excessive doses, in a few weeks to years produces more or less toxic effects, according to the amount used and the susceptibility of the patient. Some of the symptoms are subjoined, and may at times account for peculiar phenomena at times observed:

Digestion.—Nausea and vomiting; whitish fur on tongue; appetite variable or nearly extinct; breath fetid or has odor of chloroform or alcohol; bowels torpid, occasionally relaxed, and dejections hard and pale.

Respiration.—Respiration is slow with more or less dyspnœa, and hyperæmia of the lungs.

Hearing and Vision.—Either or both may be impaired or lost. Retinal anæmia was observed in case of blindness. Tinnitis aurium is quite common.

Heart.—The pulse becomes weak, rapid and irregular. The heart's sounds are feeble. There is a strong tendency to syncope.

Liver.—The skin, though pallid, is often jaundiced, and the dejections clay-colored. No structural change of the liver has been detected, but certain symptoms are very similar to those seen in scurvy.

Muscles.—There are pains in the limbs, simulating neuralgia or rheumatism, but not following the course of the nerves, nor located in the joints, but rather girdling the limb or finger just above or below the joint. The pain is not aggravated by movement or pressure. Similar pains have been noted from alcohol and chloroform narcosis.

Nerves.—The effects on the nervous system may be from slight facial erythema, due to vaso-motor paralysis, to almost entire incapacity from lack of co-ordinating power and motor strength. There may be anæsthesia, hyperæsthesia, or both, tremor of muscles, low temperature, 97° Fah., or less, chilliness, profuse perspirations, sometimes dry skin, wandering pains, restlessness, insomnia, vertigo, tendency to fall forwards, paraplegia or local paralysis.

Blood.—The red corpuscles are disorganized, hence the similar condition to scurvy, such as spongy, tender and ulcerated gums, mucous membrane inflamed, blistered and excoriated; cutaneous eruptions, falling of the hair, and often hæmorrhagic purpura.

Brain.—Under this head "there are fretful, irritable temper, aversion to friends and society, deceitfulness, loss of memory, feeble reasoning powers, hallucinations of sight and sound, varied delusions, delirium, mania, suicidal and homicidal propensities, listlessness, vacant expression, aimless wanderings, lassitude, stupor, loss of self-respect, obscurity, intense melancholy, garrulity, idiocy, complete insanity."

Treatment.—The medicine should be withdrawn immediately or gradually. Many cases have soon recovered when the medicine was withdrawn, but there is difficulty in controlling the patient, for the facilities for obtaining supplies are so good. As in alcohol and opium narcosis, a shock to the system may be expected when the medicine is withdrawn, and suitable sedatives and tonics may be required. A full nourishing diet and ferruginous tonics are especially indicated. So far as observations go, favorable results may be expected from treatment.

ANÆSTHESIA FROM IODOFORM.—The following peculiar case is translated from *Le Practicien*, 17th March, 1879. M. M., æt. 25, was affected with a suspicious ulceration of the penis, for which had been prescribed one gramme (15 grains) of iodoform finely powdered, a little to be used as a topical application. The next day, early in the evening, as he had not been seen since the previous day, his friends decided on forcing an entrance into his room, where they found him stretched on his bed in a profound sleep. As he did not reply to repeated calls, he was roughly shaken, and after a time they succeeded in awakening him. On perceiving the gleam of the

gas, he appeared quite surprised that he should be disturbed so early in the morning. At last after they had explained to him his mistake, on reflecting on what could be the possible cause of so unnaturally prolonged sleep, he perceived his box of iodoform on his bed, forgotten since the dressing of the previous day, the contents of which had evaporated around him. He had committed no excess the day previous, went to bed at the ordinary time and remembered nothing since then. During the day, the inmates had knocked loudly at his door frequently, but he had heard nothing. Two hours after awakening, following a hearty meal, the necessity for which he experienced immediately, his clothes and breath exhaled a very strong odor of iodoform, but beyond a slight giddiness he experience no inconvenience. This fact is interesting and worthy of note on account especially of the weak dose of iodoform, which, absorbed in minute quantities by the pulmonary mucous membrane produced complete anæsthesia for twenty-four hours, although during the lapse of that time the air of the apartment was largely renewed by an open window. Up to the present, the experiments made on the inhalation of iodoform on different animals have resulted only in a transitory anæsthesia accompanied by exhilarating effects, resembling the symptoms produced by protoxide of nitrogen, but never a profound and long continued sleep.—*Can. Lancet.*

THE CHOICE OF PURGATIVES.—In amenorrhea the best are aloes and myrrh pills. In dropsies, the compound jalap powder. In sciatica, the compound colocynth pill, or the compound decoction of aloes. In hemorrhoids, the confection of senna. In biliousness, a blue pill, followed up by a dose of Epsom salts (the blue pill acts on the duodenum, and hurries the bile downwards, while the salts cause the other part of the bowel to contract, and so evacuate the bile before it is re-absorbed). If a purgative does not act, the rule should be to repeat it once, and then, if necessary, give a copious warm water enema. From all I can see, I would say the less we make use of purgatives the better. Nature knows her own work, and if we take regular mental and bodily exercise, eat and drink moderately, we shall find this as a rule quite sufficient for keeping us in good sound health, and also for preserving a *mens sana in corpore sano.*—*Dr. Page Atkinson in Edin. Med. Jour.*—*N. Y. Brief.*

SUSPENDED ANIMATION.—The nitrite of amyl being a powerful agent in quickening the heart-beat, a few drops of this drug have a powerful influence in restoring the functions of the heart in cases of drowning, hanging, or fainting. It is suggested, therefore, that it should always be used whenever attempts are being made to restore to life an individual apparently dead, or when it is desirable to settle the question whether a person is really dead or not. The dreadful thought of being buried alive has haunted the human race since its earliest days, and the discovery of some means by which this risk could be, if not evaded, at least greatly diminished, would prove an ineffable boon to mankind. Dr. T. Lauder Brunton, to whom we have referred this suggestion, considers it to be a good one. He adds that in ascertaining death the nitrite of amyl might be used along with the cord-test, of tying a cord round the finger. If the circulation have entirely stopped, the part beyond the ligature never becomes any thicker; but if the circulation continue, however slowly, the finger-tip beyond the ligature will sooner or later begin to swell.—*British Med. Journal.*

THYMOL AND THYMOL CAMPHOR.—Dr. Symes, in the *Pharmaceutical Journal*, publishes the results of his researches on the combination of thymol, chloral hydrate and camphor, acting as an antiseptic. The two former are rubbed together in a mortar, and an equal quantity of camphor added, which liquefies the whole and produces a powerful antiseptic. Its virtues were tested on some urine containing pus, and which was already beginning to decompose. Two drops of the compound being added to it, putrefaction was arrested. If thymol and camphor alone are rubbed together they also become liquid, and this is a convenient form from which to prepare the ointment. Thymol camphor can be mixed in almost any proportion with vasaline, ung. petrolei, or ozokerine, and the thymol will not operate, as in crystals, when thymol alone is used. A solution of thymol in water (1 to 1,000) is sufficiently strong for the spray in surgical operations. If used for the throat, milk and glacial acetic acid will be found to be good solvent for it.

CARBOLIC ACID IN WHOOPING COUGH.—The use of carbolic acid inhalations is strongly recommended by Dr. Seeman (*St. Petersburger Medicin Wochensch*); and in order that the inhalation may have the best effect, he advises that it should be administered during sleep, as it is difficult to insure that a child should inhale sufficiently long or enough of the medicament while awake. Woolen material saturated with a five per cent. solution of the acid, should be hung round the head of the bed. In this paper the spasm of the glottis is attributed to an excitation of the centripetal fibres of the vagus, which is caused by the pressure of the distended vein in the jugular foramen, with giving way of the intra-jugular ligament, as in the sequela of rickets. On the ground of this hypothesis, Oppenheimer proposes the name *Asthma Rhachiticum*. The occasional occurrence of even fatal convulsions in spasms of the glottis, the author ascribes to excitation of the medulla oblongata by the overloading of the blood with carbonic acid during the stage of apnœa.—*London Medical Record.*

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The Metric System.

The communication from "Subscriber," on another page, is one of several which we have received on the subject. We give it place in preference to the other communications because it contains more of the stock arguments advanced by the advocates of the "metric." Some of our correspondents have accused us of inconsistency because of our opposing that which we but recently advocated. Whether we are or are not guilty of inconsistency does not materially affect the merits of the case, and our only reply to the charge is the proverb, "A wise man sometimes changes his mind, but a fool never."

"Subscriber" says that in turning our face on the metric system we have taken a retrograde step. It may be well sometimes to take a step backward, especially when it places you back in a position you never should have left. Under such circumstances, paradoxical as it may appear, the step backward is a step forward.

We acknowledge the great advantage that would follow a uniform system of weights and measures among scientific as well as among business men of all nations. Uniformity in weights and measures among scientific men would be as advantageous to science as uniformity in the denominations of currency would be to commerce; but the benefits of the former would probably not be greater than those attending the latter, and a lack of uniformity in the system of weights and measures, notwithstanding the Jeremiads of the advocates of the "metric," will probably work no greater disaster than attends the present great variety in the denominations of currency. Our own glorious republic adopted a decimal system of currency many decades ago, but the effete monarchies of the Old World have persistently refused to advance to it, and yet commerce does not languish on account of their antedeluvianism.

The metric system which prevails in France and Germany has nothing to commend it to us save that by adopting it we should be doing just as the Germans and French do. The system is, at best, an arbitrary system. It is based on a notoriously incorrect calculation of the diameter of the earth, and is thus in its very inception unscientific. We know of no reason why we should dance when our German and French brethren pipe, and especially when the music they give us is in such wretched time.

America and England, together with English-speaking people the world over, are very slow to adopt the "metric," and we doubt whether it ever will become general among these people. Learned bodies may legislate on the matter, but the great unwashed of the rank and file will continue to adorn their prescriptions with hieroglyphics as of old. If we were dependent on the French and Germans for all, or even a great part, of our scientific knowledge, we might feel it necessary to cater to their metric whim, but inasmuch as the great English-speaking people lead the world in science as applied to the useful arts, and to medicine and surgery in particular, there is nothing improper in their insisting that their European brethren shall come back to the old time system from which they departed.

"Subscriber" goes too far when he insinuates that to adhere to the old system is culpable conservatism, or old fogyism. We might with much more show of reason, call the young backwoods' practitioner, whom he tells us we will find beside his burette making his computations in the metric system, a toady and an aper of foreign innovation. Let the young man with his burette stick to the system he was reared under, and both he and the druggist, backwoods or city, into whose hands his prescription may chance to

fall, will be least apt to commit mistakes similar to that which Dr. Buttles, of New York, reports in the *Medical Record* of the 5th inst. The doctor wrote a prescription for morph. sulph., 0.06 to be made into four powders. The druggist (one of the most pretentious on Broadway) put up gr. x, such was his interpretation of the "metric." Luckily the doctor detected the mistake, and thus cheated the coroner out of a fee.

Yellow Fever in the South.

There have been ominous warnings during the past week of the return of the raven wing, whose shadow, but one short year ago, cast such gloom and sorrow over a portion of our fair South. Memphis would seem to be a doomed city. Before she has even partially recovered from the paralyzing shock of last summer she is again stricken, and her citizens are again fleeing from the scene of last year's devastation. On the 10th instant the telegraph proclaimed that one of her citizens had fallen a victim to the yellow death, and at once the eyes of the whole country were directed towards her and deep apprehensions were had of the sequel. The Board of Health promptly investigated the case and proclaimed that it was but sporadic, the development of one of the germs which had escaped last winter's frost. This declaration tended to allay somewhat the terror of the people, and even the occurrence of a few more cases did not dispel confidence in the opinion of the Board of Health. In a day or two more, however, the Board itself saw cause for alarm, and advised a departure of the inhabitants from the unfortunate city. At the date of this writing (23d inst.) upwards of fifty cases of yellow fever have appeared, of which about ten have terminated fatally, and there is nothing to justify the faintest hope that, as the season advances, scenes of last year will not be re-enacted. The conviction, which is too well grounded, that science can exert no influence in staying the progress of the disease adds to the terror of the people, and those who cannot get away are rendered, through their depressing emotions, all the more liable to attack. What sympathy and philanthropy can do, our unfortunate fellow-citizens can depend on, but God only knows where the end will be.

Free Quinine.

One of the last acts of the late session of Congress was the removal of the import duty of 20 per cent. on quinine. The efforts which culminated in this desirable end date back twelve years, and a written history of the struggle against what has appropriately been termed "blood-tax" would reveal an influence which a private firm with money in its purse is capable of exerting on those who are supposed to labor *pro bono publico*. The fact that during these years two Philadelphia firms were able to forge fortunes of $18,000,000 and $10,000,000 respectively, out of the sufferings of a debilitated and an ague-shaken people, will make remarkable reading when incorporated in the writings of the future historian.

It appears, however, that the benefits which are to follow the abolition of this duty are not to be immediate. The Philadelphia firms, who have been almost the exclusive producers of the quinine consumed in this country, have a stock on hand and threaten to discontinue the manufacture of any more, claiming that without the protection which the duty afforded they cannot produce the salt. Simultaneously with this declaration, European dealers have advanced their prices in view of the large American demand for their quinine which will be created by a stoppage of the Philadelphia works. This state of affairs cannot, however, in the very nature of things continue very long. Competition among European makers will soon break up any compact into which they may have entered, which is in violation of certain fundamental rules of trade. Messrs. Powers & Weightman and Rosengarten & Co. will also, doubtless, soon find that it will not pay them to allow the large amount of capital, which they have invested in their laboratories, to lie idle. Competition with foreign manufacturers will prevent the large profits which they have been reaping heretofore, but they will soon learn to accommodate themselves to the new order of things.

Miscellany.

MICHIGAN STATE BOARD OF HEALTH.—The quarterly meeting of the State Board of Health was held in the office of the Secretary, in the new Capitol, Lansing, Tuesday, July 8, 1879. The following members were present: R. C. Kedzie, M. D., of Lansing, President; Homer O. Hitchcock, M. D., of Kalamazoo; Hon. LeRoy Parker, of Flint; Rev. Daniel C. Jacokes, D. D., of Pontiac; Henry F. Lyster, M. D., of Detroit; John H. Kellogg, M. D., of Battle Creek; and Henry B. Baker, Secretary.

President Kedzie gave a brief history of the legislation relative to illuminating oils in this State, beginning with the law of 1869. This law provided for county inspection, but was not generally enforced. The Legislature of 1873, which passed the law for establishing the State Board of Health, also passed a law raising the flash test for oil to 150° F. The State Board of Health began its work with this law in force. In 1875 the Legislature reduced the flash test to 140° F., and increased the inspection fees. There were scarcely any casualties under this law, but the illuminating qualities of the oil were not always good. Dr. Kedzie, as a committee of the State Board of Health, devised the chill test, which was recommended to and adopted by the Legislature of 1877, and secured a good and safe illuminating oil. The Legislature of 1879 abolished the chill test and reduced the flash test to 120° F. Each time the law has been changed the cost of inspection has been increased, and the last law will entail an annual expense of about $12,000 for inspection above the expenses incurred under the law of 1877.

The President presented a letter from Theodore H. Monk, of the Meteorological office at Toronto, asking for a set of reports of this Board, as they desire to inaugurate a system of health and weather observations similar to that of the Michigan Board. Secretary Baker presented a communication from the Secretary of the Epidemiological Society of London, expressing great interest in the work of the Michigan Board, especially that for the registration of disease.

A letter was presented from Mr. Avery, of Baltimore, relative to lead poisoning as set forth by Dr. Kedzie's articles on that subject, and claiming that he had demonstrated that electroplating the tin cans used in preserving fruit, and tin utensils of all kinds, with a thin coating of silver would prevent any poisoning thereby.

Secretary Baker presented his report of the work in the office during the last three months. It showed that this officer's duties are rapidly becoming both varied and onerous.

The Board has in mind the examination of candidates in sanitary science, and the examination papers on this subject used in the University of London and other foreign colleges have been secured for study in this connection, and Dr. Lyster reported a plan for the examination of physicians in sanitary science.

Dr. Hitchcock made a report on depot privies, which included letters from the late Dr. Beech, of Coldwater, and J. E. Curtis, superintendent of the Michigan division of the L. S. & M. S. Railroad, and made specific recommendations for remedying the nuisances which now prevail. Depot privies should never have a vault, but should be water closets connected with a sewer, or be supplied with dry earth or coal ashes; and it should be made the special duty of a station employe to see that the floors are scrubbed daily, the closets kept clean and in perfect operating order, and the whole closet thoroughly disinfected each day. In places where a sewer is not accessible, the closet in which the dry earth or coal ashes is used should be often cleaned and the refuse buried. For water closets he recommended "Rhoads' porcelain-seated hopper closet," supplied with Myers' No. 1 waste-preventing cistern. This closet is arranged to flush when the door is opened, and is just the thing for public places, as the hopper is non-absorbent, and the shape prevents persons using it from getting on it with their feet. For smaller stations, where a water closet could not be used, he described and recommended an exceedingly simple dry-earth closet, but insisted upon the necessity of every-day attention to it by an employe of the station.

The committee on sanitary conventions recommended that one be held in Detroit in December or January, and the next at Grand Rapids. Efforts will be made to get as large an exhibition of sanitary appliances together as possible. Manufacturers and dealers in sanitary appliances are requested to forward catalogues, advertisements, etc., and to correspond with the secretary relative to placing their wares on exhibition.

A sample of red flannel, from Dr. Nash, of Lapeer, reported to have caused sores, had been examined by Dr. Kedzie and found to have been colored with analine which contained arsenic and tin.

Leroy Parker made a report as to the proper method of bringing suit in cases of nuisances; also, relative to collecting the

statistics for the next U. S. census, and relative to authority of boards of health to kill horses afflicted with the glanders.

Dr. Kedzie made a report relative to the proceedings of the Sanitary Council of the Mississippi valley, held at Memphis, and in conjunction with the National Board of Health at Atlanta. He gave an extended account of the discussions, notably of that on quarantine. He spoke of a conversation with Dr. Billings, of the National Board of Health, in which the following statements were made by Dr. Billings: The quarantine to be established by the National Board of Health must be uniform for the whole country. It is, therefore, necessary to be very guarded in the action of the National Board, lest requirements which are essential for New Orleans and Mobile may destroy the commerce of New York and Boston. It is proposed to make such sanitary regulations as may and should be enforced in all places, and only such *national restrictions* by quarantine as will not disturb commerce seriously, and for any stringent quarantine in points especially threatened to secure action by State and local quarantine.

A resolution was adopted favoring the organization of sanitary associations auxiliary to local boards of health.

The usual number of bills were audited, and ordinary business transacted. The next meeting of the Board will be on October 14, 1879, at nine a. m.

Summer Complaint in Children.—The season of disaster among the infants is even now upon us, and the bulk of the physician's practice during the next few weeks will be in caring for the bowel complaints of children. Doubtless the vast majority of these complaints are directly traceable to errors in diet. The physiological fact is unknown to the vast majority of mothers, and is forgotten or disregarded by very many physicians, that the infant before it has its teeth, does not secrete saliva in sufficient quantity for the digestion of starchy food, and the consequence is the general prevalence at this season of infantile diarrhœa. Cow's milk, next to that of the mother the most natural food for the child, very rapidly sours during this weather, unless greater precautions are taken than is generally possible, and it thus become a fruitful cause of trouble. What is wanted is a food which shall obviate the objection to both farinaceous or starchy preparations and milk. With such a food in the hands of mothers, disease and death among the children, at this season particularly, would be largely reduced. It remained for Liebig to prepare a formula for such a food, and many physicians can testify to its success. It is easy to understand, however, the difficulty in the way of preparing this food by the general practitioner, and it is with pleasure that we note the fact that Horlick's Food for Infants, which is prepared after Liebig's formula, can now be had at most of the drug stores. We have found that little else is required in many cases of summer complaint than to place the child on this food as its exclusive diet.

A Malthusian Idea.—The Americans have until now been regarded as more successful than any other people in their devices for preventing the legitimate outcome of matrimony, maternity. The American wife has enjoyed the questionable honor of presenting her liege with the fewest offspring. A new operation, however, lately proposed in Germany, may cause her to look to her laurels. This operation is suggested for the beneficent purpose of preventing conception in women who may transmit syphilis, phthisis, or other hereditary disease; but, if successful, it will probably outgrow its primary purpose. It consists in applying the galvano-cautery in the neighborhood of the opening of the Fallopian tube, with a view to setting up an inflammation which shall result in occlusion of the orifice, and thus prevent the ovum from meeting the male fluid. Thus a new sort of onanism may be introduced even within the sacred bounds of marriage. It only remains for the enterprising inventor to secure a patent on his process and then start out on the road to wealth.

A Scientific Pill.—Among the stories handed down by tradition and current among resident physicians of one of our large hospitals some years ago, was the following, told the writer by one of his seniors in service: "If you want to get on the right side of your chief, Dr. Q.," said he, "just ask him to give you the formula of a good digestive pill. But wait; I will tell it you myself. You make a pill in three concentric layers, and the patient swallows it. Outside is a coating of nitrate of silver that is dissolved in the stomach and stimulates the flow of the gastric juice. Now, just as this outer coating is dissolved, the pill passes through the pyloric orifice, and as it enters the intestine the second layer comes into play—aloes. On goes the pill in its beneficent course, stimulating peristaltic action, gather-

ing up the debris, carrying all before it until, just as it reaches the anus, the last traces of the aloes is exhausted, and the core is exposed—belladonna (you know all about belladonna, of course—just graduated last month; well, you know how it dilates the pupil; d'ye twig?)—muscles of the anus relax and your patient is relieved. That's Dr Q.'s digestive pill. Now, that's what I call *science.* Of course, you have to calculate the proportions of the ingredients very closely. Q. will tell you all about it." The "junior," however, suspected a hoax and never asked, and so the true proportions of Dr. Q.'s digestive pill have never been made known. — *Medical Times.*

THE PERINEOSINUEXEREEINATOR. — The appearance of this polysyllabic word at the head of "Paragraphs," in our last, has elicited a number of requests for a definition thereof. It is the name of a new instrument introduced by Jacques Robinson, A.M., M.D., of Brownsville, Surgeon to the Hospital for Ruptured Vesicles, Member of the Anteversion and Round Ligament Club, etc., etc., and is especially adapted to gynecological practice. Dr. Robinson, in a recent number of the Louisville *Medical News*, describes the construction and uses of his instrument at length. The importance of the subject will, we are assured, be a sufficient excuse for our reproducing the article in full:

"I desire to call your attention to a new instrument which I have had the honor to devise, and through your columns to claim priority in its invention.

"That I may be just to all parties, I may first state what were the evolutionary stages through which my instrument passed before it reached its present perfected shape.

"Some years since—the exact date has escaped me—Dr. Smithe, the eminent gynecologist of Jonesville, gave to the professional world his since celebrated probe, a figure of which accompanies my text. This instrument has been known as the Smithe probe.

[GEMRIG.]

THE SMITHE PROBE.

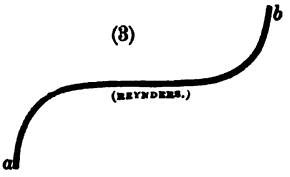
It is three inches long, about the size of a knitting needle, and is made of white metal. It has served an excellent purpose in the exploration of perineal sinuses; but it soon became evident that for sinuses which exceeded three inches in length the 'Smithe Probe' would not do. We are indebted to the genius of Dr. Jones, the renowned uterine pathologist of Smithville, for a solution of this difficulty. Dr. Jones modified the Smithe instrument so as to make it *four* inches long instead of three, thereby

[TIEMANN.]

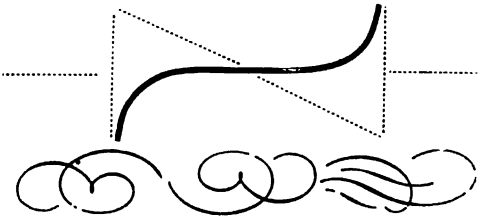
THE JONES MODIFICATION OF THE SMITHE PROBE.

allowing sinuses of increased depth to be examined.

"This was a great improvement, but the instrument was not yet perfect. Both the Jones and the Smithe instruments were confined in their operations to sinuses which were perfectly straight, and this fact led that obstetrical wonder, Dr. Brown, to devise an instrument which could be used in the exploration of sinuses which were deflected from a direct line. Dr. Brown also bore in mind the important fact, which was demonstrated by the Viennese school, that sometimes the sinus runs up and sometimes the sinus runs down. To meet this double difficulty he constructed a probe which upon its right extremity ascends in a gentle curve, while upon its left extremity it descends in a similar manner. The accompanying diagram will illustrate these peculiarities perfectly, and will also show the capacity of the Jones instrument for deflection from the normo-rectal direction. In diagram 3, *a* represents



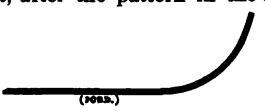
BROWN'S MODIFICATION OF THE JONES-SMITHE PROBE.



one end of the probe and *b* the other. The other figures explain themselves.

"It might have seemed, with these instruments before the profession, that hardly anything more was to be desired for the convenience of the gynecologists: but my experience, which is by no means limited, has taught me that there are still objections to be urged to each of the instruments named, and I have endeavored—and I think that you will allow I have succeeded in my endeavor—to combine in one instrument the excellences of all, with the imperfections of none.

"The Smithe instrument was too short, the Jones modification was too straight, and the Brown modification was too curved, and as will be seen at a glance, can be *only* used in deflected sinuses. I have therefore, after much experimentation, constructed an instrument, after the pattern in the accompany-



ROBINSON'S MODIFICATION OF THE BROWN-JONES-SMITHE PROBE.

ing diagram, which it will be seen is curved at one end and straight at the other. If the sinus is straight, then the straight end is used; if the sinus is curved, the curved end is used. If it point upward, the curve is pointed in a similar direction; if it point downward, the curve is simply reversed (Q. E. D.) So also I have caused my instrument to be made of two sizes—one three inches long, the other four—that it might cover the same field with the Smithe instrument and the Jones modification.

"I trust, Mr. Editor, that with this showing there will be no gainsaying that I have made a real advance

in our art, and that hereafter no one will endeavor to claim my invention.

ILLUSTRATED CASES.

"Since preparing for print an account of my new instrument—which I have named for convenience Perineosinuexereeinator, the last paragraph of which being derived from the Greek word meaning "to explore"—a number of cases have occurred in my practice illustrating its usefulness in demonstrating both the presence and absence of sinuses. I select the following for publication:

"CASE I.—Mrs. A. B., aged forty years, female, brunette, bilious temperament, native of Kentucky, residence in Louisville, 397 West thirty-sixth street, north side (up stairs); married 4th of July, 1866 (no cards); three children, named respectively Thomas, Richard and Henry; weight, one hundred and twenty-three pounds (somewhat greater after eating.)

"She states that her appetite is pretty good when she is hungry, generally sleeps at night, and is about during the day. Had suffered the week previous to her visit to me with perineal furuncle, for which ordinary remedies had been used, and it had discharged. Suspecting a sinus had resulted, I made exploration with the smaller of my instruments and verified my diagnosis. Sinus measured .2 centimeter in depth. ℞ Argent. nit., to be use locally, and to take fluid ext. black haw. Cured.

"CASE II.—Mrs. McF., Italian, aged fifty years, widow; occupation, attending clinics; parents dead; uncle living, also a number of cousins. Subject of retroflexion since birth of first child, thirty years previous. Has improved steadily under pessaries, which have been worn during the last ten years. Sinus suspected. None found. Diagnosis, chronic retroflexion. Treatment: hysterotomy (declined); pessary continued; sea-bathing, and a trip to Europe."

THE METRIC SYSTEM.—

EDITOR MICHIGAN MEDICAL NEWS:

After reading your editorial in the NEWS of June 25th, we can assure you that your humiliation was no greater than our regret at the position you have taken in regard to the metric system.

We, and all men that are educated up to the times, hailed with delight the MICHIGAN MEDICAL NEWS when, in No. 15, vol. I., it first brought before its readers the *formulary* carried out in metric weights. So simple has the NEWS at different times explained the process of calculation, that almost a child with any degree of intellectual activity could convert the old system to the new, and *vice versa* without the slightest error.

We hailed the NEWS with delight because we felt, in it, we had within the borders of Michigan a journal that was destined to be one of the leaders in advocating scientific advancement, and one that would at all times lend its mightiest thought for the best good of the medical profession.

We regret that the NEWS has taken the position it has, for in so doing it takes a retrograde step, and, we believe, places itself behind the times. It does so because to-day, and for the last five years or more, all first-class medical and pharmaceutical colleges, even in America, teach their students the metric system and require them to use only this system in analyses, both microscopical and chemical.

Most of our best workers in the medical profession are familiar with this system. Go your way into the backwoods' office of the young practitioner, and beside his microscope you will find his calculations made in terms of the metric system. Beside his burette you will find his computations of weights and measures made in the metric system.

Thus we find our best men, who are alive and up to the times, using this system of weights and measures. Foreign journals, and the latest works upon scientific medicine, have their weights and measures expressed in terms of the metric system; and any step taken that countenances or fosters ideas and whims that are not for the best good of scientific advancement we consider behind the times. When the NEWS says, "its readers are not ready for the innovation," we can say that the better and more educated class of physicians are ready for the innovation of anything truly good, that will help lift up a down-drodden profession from where many sluggish intellects are trying to hold it; and when the NEWS felt for "the professional pulse" it mistook the riding drone for the uplifting *worker*.

The "highly esteemed subscribers" who went so far as to threaten to "drop" the NEWS, showed in the mere act the extent of logic in their sluggish minds, for has not the NEWS always given in its *formulary* the old equivalent as well as the metric quantity? From this it seems that they were fretted at a trivial simplicity which their debile intellects could not comprehend, and so gave forth their boyish threats to "drop" the NEWS.

This reminds us of the sullen boy that went without his supper, thinking he was thereby plaguing the cook.

Shall we not read Dr. V. C. Vaughan's valuable work on Uronology, or the work of any other author, just because they are up with the times and make their estimations in the metric system? Would we not manifest the height of our intellectual activity by threatening to these authors that we would not buy their works unless they computed in the old style, when with two hours of attentive study, even by an ordinary school boy, the computations are made intelligible.

The logic and sound reasoning of the NEWS' "esteemed subscribers" is evidenced by such threats as, to "drop" the journal because of the presence on one of its pages of a few figures not comprehensive to their minds, as if aside from formulary there is not matter enough to more than tenfold pay the subscription price.

And yet we find professional men, men that hold themselves up as educators of the people, whining over the metric system like so many sick girls, calling it a new-fangled vagary, just because they are too sluggish to work themselves up to a healthy state of comprehension.

We are aware that the position of the NEWS is a trying one, yet we hope it will take the *other* of the two lines it "scrutinized" with such "calm deliberation," and ere long take two strides in advance instead of one in retreat.

With the best wishes for the NEWS, we remain,

SUBSCRIBER.

Book Notices.

POCKET THERAPEUTICS AND DOSE BOOK. By Morse Stewart, Jr., B. A., M. D. Second edition: revised and enlarged. Cloth, $1. Detroit: Geo. D. Stewart.

The author of this little book has greatly profited by the criticisms of his reviewers, and the errors, which were so numerous and so glaring in the first edition, have been largely avoided in the second. The doses are given in parallel columns in the old and the metric systems. In some respects the book is as good as can be expected of works of this class, while in other respects it is not as good as books of a similar nature already in the market. Its list of preparations of various articles is quite defective, as for instance of the 144 preparations of iron only 60 are given; of the 58 preparations of quinine but 14 are given; of the 29 of phosphorus, but 5; of the 51 of mercury, but 26; of the 22 of opium, but 16; of the 58 of potassium, but 40; of the 24 of calcium, but 13; of the 46 of ammonium, but 27. There are also over 50 of the new remedies lacking of mention.

THE PHARMACOPŒIA OF THE BRITISH HOSPITAL FOR DISEASES OF THE SKIN, LONDON. Edited by Balmanno Squire, M. B., London, senior Surgeon to the Hospital. 80 pp.: 12mo. London: J. & H. Churchill.

This is a collection of the remedies employed in that famous hospital to which Balmanno Squire is senior surgeon. It is as compact a little work as it would be possible to compile, and the name of its editor is a sufficient guarantee of its worth.

LONG LIFE AND HOW TO REACH IT. By Joseph G. Richardson, M. D., Professor of Hygiene in the University of Pennsylvania, etc. Philadelphia: Lindsay & Blakiston.

This is the second of the series of American Health Primers being issued by the publishers. It has nothing in it to commend it to the profession. It is a very commonplace effort, and by no means worthy of the reputation of its author. There is little in it which even a layman of ordinary intelligence is not supposed to be familiar with. If this series is to accomplish the good of which it is capable it must contain something more than tritenesses. The people are not so ignorant as Dr. Richardson supposes them to be.

Tilbury Fox, the London Dermatologist, and Piorry, of Paris, have recently died, the former at 43 and the latter at the ripe age of eighty five.

Paragraphs.

For "in rino cavities" read, during the heated term, "in soda cavities."

According to Haeckel, no expression has given rise to as many errors and misunderstandings as the word "instinct."

Quicklime has been recently recommended as a harmless substitute for blasting powder. The lime is to be pounded firmly into the bore and then saturated with water.

Drs. McCall and Croft, of the University of Toronto, having been connected with that institution for thirty-five years, have been superannuated and retired on two-thirds of their permanent salaries. A graceful example worthy of imitation.

Dr. Hager considers chloral a mild and excellent medicament for promoting digestion. Doses of 0.3 to 0.5 (5 to 8 grains) administered two or three times, an hour apart, will increase the appetite as well as relieve an over-loaded stomach (as he found by experiment on his own person). — *Pharmacist and Chemist.*

The Buffalo *Medical and Surgical Journal* has just closed its eighteenth volume, and Dr. J. F. Miner, who has been its editor during all these years, is now about to retire, having transferred the journal to what he is pleased to say are "abler and more vigorous hands."

The corner stone of a medical college building, which shall cost $10,000, was laid at Nashville, Tenn., on May 15. The college is to be conducted in the interests of our fellow-citizens of African descent, and will be ready to receive students in the fall. It is but meet that the black man should have equal luxuries with his white brother.

A letter to the *Virginia Medical Monthly* from Australia says that physicians are scarce and in demand among the antipodes. The writer says he can get doctors out cheaply as emigrants. Here's a chance for young men to serve their country—by leaving it, and, at the same time, do themselves good.

Alexis St. Martin, the fistula in whose stomach has done so much for physiology, still lives. He is 78 years of age and the wound is still open, but this fact has evidently never impaired his virility, as he reports himself the father of twenty children. He has always been a hard worker and has never suffered from indigestion.

A writer in the *Fortnightly Review* states that no fewer than four hundred out of the two thousand medical students in London last year came, directly or indirectly, under the notice of the police, and although the statement was made in January last, it has not yet been contradicted. The ranks of the profession in England are evidently being recruited from a low class in society.

An excellent way for a city to make a good showing in its mortality reports is for it to place its population away up. St. Louis places hers at half a million, and, in consequence, shows a death rate per thousand of 10.70 during the month ending June 7. Chicago, with becoming modesty and native fairness, places her population at 460,000, and, consequently her death rate is 16.65 per thousand, which is about the average of large cities.

A physician, "thirty-two years old and of good personal appearance," advertises in the Chicago *Medical Journal* for a practice. The market for such is somewhat overstocked in Louisville, but we could tell him privately of a friend of ours in Michigan who would probably like to reduce his average with such a partnership.—*Louisville Medical News.* We protest against any such drive as this on our friend Leonard, of the *Medical Advance.*

A student was "plucked" at Bellevue Hospital Medical College, in 1878, for giving the following answer when asked, in his final examination, "What would you do for post-partum hemorrhage?" "I would tie the post-partum artery." It is needless to state that he was "passed" by the learned faculty of another college the present year.—*St. Louis Clinical Record.* Are we to infer from the latter statement that the student applied himself assiduously to study, *post pluckum*?

The skeleton of another mastodon was unearthed on the 5th inst., at Little Britain, N. Y., the bones being in a nearly complete condition. The skull is 45 inches long, 28 wide, 29 high, and 23¼ between the eyes. The four back teeth are eight-pointed and measures 7x3¾ inches. The foreleg measures 7 feet in length and weighs 150 pounds. A dozen or more vertebræ have been dug out, the largest measuring 10x16 inches. The weight of the entire skeleton is estimated at 600 lbs.

A physician on the Isle of Wight carries with him on his rounds a number of carrier pigeons. When he writes a prescription he ties it to the leg of one of the birds, which, when set at liberty, flies straight for the pharmacy. The assistant here receives the prescription and puts it up at once, instead of waiting for the doctor's return, thus saving much time.

A prescription at Rossala, Germany, was written as follows:

Chloral hydrat..... .....15.0
Tinct. opii. spl..... 15
Aq. dest.....60.0

Mix. Sig.—A third part to be used as a clyster in the evening.

The druggist's assistant put up 15 grammes of tincture of opium, and the patient died. The legal inquiry resulted in the finding of a verdict of guilty against doctor, druggist and assistant, who were sentenced to one, two and three months imprisonment respectively. Tally another one for the "metric."

The Danes are most prone to suicide. Then come the French, then the Swiss, Prussians, Austrians and Belgians in the order named. In Spain and Italy suicides are comparatively rare occurrences, but occur more frequently than in England. In this country foreign-born citizens are more given to self-murder than the native born. Strange as it may appear the Irish are the least given to suicide of any nationality, probably owing to the fact that their national weapon, the shillelah, is not a convenient instrument for making the quietus.

Original Articles.

Salicylic Acid in Rheumatism.

BY J. S. CAULKINS, M. D.

In the number of your journal for May 10 a correspondent from Tennessee inquires about the dose of salicylic acid, giving his own opinion that the right quantity is 15 grs. every four hours. To this query and opinion the editor replies: "Doses are the most relative things in the world. In our practice we usually give two grains of salicylic acid every two hours, and are quite satisfied with the results. It is questionable whether larger doses of this drug are more efficacious than smaller doses, oft repeated, owing to the probable more rapid absorption secured by the latter method of administration."

It would be both absurd and wrong to compel a sick man to swallow a larger quantity of any drug than is sufficient to produce the intended effect, and, consequently, those of us that are in the habit of using larger doses of salicylic acid are very ready to abandon the practice as soon as we are convinced that small ones are equally efficacious, since we can by doing so save the patient from taking so much disagreeable medicine, and ourselves the expense of buying it. If two grains are all that can be absorbed, and we give twenty for a dose, the remaining eighteen grains are what the lawyers would call "surplusage," and had much better be kept in the bottle. We want facts on this point. Let those who have cured inflammatory rheumatism with small doses of salicylic acid report their cases, and they will be sure to have imitators. The editor of this paper reported one such case a year ago, but one swallow does not make a summer. How many two-grain doses is it necessary to give? The subjoined case shows that twelve is not enough:

March 26, 1879.—Carl Relitz, a strong, German boy, aged 9 years; inflamed joint, right knee; three days sick, with no treatment whatever. Here was a chance to see what salicylic acid could do, and sixty grains of it, all that I had, was divided into twelve doses and one given every two hours, the parents arranging to report progress the next day and get more medicine if needed. Nothing was heard from them until April 6, when it was found that the

twelve powders had given the boy temporary relief, but that a relapse had come on, and that he was much worse than at first—knee, hip and shoulder being affected. As before, nothing was given to mask the effect of the acid, 100 grains of which in sixteen doses made a prompt and permanent cure. To prevent another relapse, five-grain doses three times a day were continued for a week.

There will probably be no disagreement about the working theory that it is necessary to charge the system with the remedy as fast as possible in order to destroy the *materies morbi* in the blood. The only question is, how fast can this be done? One proof that large doses are absorbed faster than smaller ones is found in the fact that the physiological effect of ringing in the ears is sooner produced, especially if the remedy is given in the form of salicylate of soda.

Thornville, Mich.

["One swallow does not make a spring," neither do two, and perhaps neither would a whole flock make a typical vernal season; but here is another noted arrival since the last report: John D., German, aged 43, painter, called at our office, June 17 last, complaining of pains and uneasiness which two previous attacks through which we had conducted him, admonished him were pre monitory of a third attack of rheumatism. Having a distinct recollection of the taste of the salicylic acid mixture he took some eighteen months before, he asked if something a little more pleasant could not be given and we prescribed:

℞ Vini colchici..... ℥ iij,
Tr. aconiti rad..... ℥ j,
Sodii bicarb..... ℥ ss,
Syr. simp..... ℥ j,
Aq. font, q. s., ad..... ℥ iij.

M. Sig.: A teaspoonful every 3 hours.

Having occasion to leave home on the following day, we did not hear from him until our return on the 20th, when we found a message from him awaiting us. The prescription he had taken had apparently not checked the progress of the inflammation, which was confined to the left ankle, wrist and elbow, which joints were swollen and very painful. He was not at all fastidious now, and would take anything, regardless of taste, and we placed him on the following which, by the way, is not a very disagreeable mixture:

℞ Acidi salicylici..... ℥ j,
Sodii biboratis..... ℥ ij,
Syrupi
Aq. cinnamoni.....aa ℥ ij.

M. Sig.: A teaspoonful every 2 hours.

This prescription was repeated and our last visit was made on the 24th, and Mr. D. was able to resume light work on the 27th, as he informed us the other day, when, model patient that he is, he called to settle up his bill.—ED.]

Rhus Poisoning.

BY F. GUNDRUM, M. D.

I notice in the July number (July 10, p. 154) a communication from D. M. Johnston, inquiring of his professional brethren in regard to the best method of curing that form of dermatitis caused by the poison oaks—rhus toxicodendron, rhus radicans and rhus venenata, popularly known as poison oak, poison ivy and poison sumach.

The inflammation of the skin resulting from contact with these poisonous plants varies in degrees of severity, from a small patch to extending almost or quite over the entire body, and the suffering is mensurate with the amount of surface involved. The smallest patch is generally bitterly complained of, and what must the suffering be when the whole surface of the tegument is suffering from an intense degree of inflammation.

All manner of local treatment, perhaps it would be better to say maltreatment, have been applied—caustics, irritants, astringents and soothing applications, besides innumerable internal remedies. A great many of the strong local applications have been applied on the same principle that old women, after a child has burnt or scalded a hand or foot, act upon when they hold the injured part over a hot fire "to draw the fire out," making the little sufferers dance a perfect "jig" while thus being tormented.

It would be folly, were space permitted, to name over all the remedies that have been used in this affection, but I have been guilty of giving most of them a trial.

The treatment I have persued for the last four or five years has given me good satisfaction, and as I have not seen the like or similar prescription recommended, I give it, hoping it may prove as efficacious in other hands as it has in mine. Perhaps as good a way as any will be to give a report of a case. Was called to see Miss G., of F., age 19, of good health and robust constitution. She was always very susceptible to the influence of 'poison vines," and once, at about the age of eight or ten years, was so seriously ill from dermatitis following an exposure that her parents thought she would die. Ten days previous to my visit she had made a visit into the country, and on the third or fourth day her enemy attacked her. A physician was called in who treated her variously until the morning of the day that I saw patient in the evening (9 P. M.), when he applied bromine and sweet oil; but this remedy had done very little, if any, good. All this time the burning pain had been so intense as to make sleep a rare visitor. She had lost strength very much and emaciated quite a considerable. Her face, most all

the scalp, neck, most of body, thighs and some below knees, were the seat of intense phegmonous inflammation. Large vesicles had formed, broken and left a raw surface. There were numberless vesicles unbroken, while rest of surface was smooth and shiny. Below the knees the inflammation had not run so high. Her pulse was 120, temp. 102°, and her bowels costive.

She was ordered Rochelle salt and cream of tartar, aa ʒ ij, a teaspoonsful once in two hours, till bowels should move two or three times, then to have 2 grs. quinia and 5 grs. Dover's powder for 24 hours, and as a local application to have, ℞. Borax ʒ ii, acid carbolic ʒ i, morphia grs. x, powd. g. arabic ʒ iv, water to 8 ounces. Agitate till a solution is obtained. To be used as follows: Take a 1 or 1¼ inch flat camel's hair brush, and having poured solution into a dish, paint inflamed surfaces over once in one, two or three hours, according to the severity of the symptoms; expose the parts as much as possible. After painting four or five times, discontinue for several hours and allow solution to dry, when there will form an impermeable and glistening coating over skin, which protects the skin from atmosphere and retains the moisture. As soon as any part cracks, or burning is not abated in the course of six or eight hours, wash the parts off in warm water and re-apply. Under the above local application our patient soon began to feel better, and in 24 hours inflammation began to subside, and in a few days she was convalescent. The ingredients in this prescription may be changed to suit individual cases. More g. arabic should be added if a good artificial skin does not form from this amount. Where there are no systemic disturbances I only use the solution. Many in this vicinity having learned of the prompt and good effect of this prescription, come to my brother's drug store, where the formula is on file, and have him put it up without consulting me, —a trick that has become epidemic amongst the druggists.

IONIA, Mich., July 19, 1879.

BY D. J. PARSONS, M. D.

In a late number of the MICHIGAN MEDICAL NEWS Dr. D. M. Johnson requests information in regard to the treatment of poisoning by rhus toxicodendron. For his benefit I would state that tincture sanguinaria canadensis is, to my own knowledge, a certain remedy. It should be applied freely, with a camel's hair brush, three or four times in quick succession. Soon as one painting or application is dry apply another, until three or four are made. Once a day is often enough to apply it, and one thorough application as above directed will generally be sufficient.

℞ Aquæ ammoniæ..... ʒ i
Tinct. lobeliæ..... ʒ vii.
Mix. Sig.—Apply every three or four hours.

℞ Spts. etheris nit..... ʒ i.
Aquæ dest..... ʒ iii.
Mix. Sig.—Apply freely three times daily.

℞ Iodinii..... qr. ii.
Potas. iodidi..... qr. viii.
Aquæ dest..... ʒ ii.
Mix. Sig.—Apply two or three times daily.

These prescriptions come to me highly recommended, and I believe they are good and will prove beneficial. They may be as good as the sanguinaria canadensis, but they cannot be any better.

Brownsville, Mo.

Selections.

ALBUMINOSE OR PEPTONE FOR INTRAVENOUS ALIMENTATION.—At a recent meeting of the Medical Society of the County of New York (*Medical Record*), the question of intravenous nutrition was discussed, the discussion being opened by a paper by Dr. Geo B. Fowler. He stated that the success attendant on the transfusion of blood had not been satisfactory, and he explained it by stating that the blood injected was not *assimilated* because blood is a tissue, and not a reservoir of food prepared for assimilation. The cases of success in the lower animals were those in which the stimulus of distention was required. What is wanted is a fluid which can be taken up by the blood and at once assimilated. Milk has been more successful than blood, because it more successfully meets this requirement; but even milk does not fully fill the bill, as its globules are enclosed in an albuminous envelope which dissolves only at 115° F.

Dr. Fowler then brought forward albuminose or peptone as the fluid best adapted for intravenous injection. It is digested albumen, the result of the action of gastric juice on albuminous substances. It may be obtained by the continuous boiling for forty-eight hours of finely chopped beef under pressure with a weak solution of hydrochloric acid. A number of experiments with this article on cats and rabbits proved that it was assimilated, as it did not reappear in the urine. The nutritive qualities of the substance had been demonstrated by its sustaining life in a rabbit for five or six days, rectal injections being given. There were no feces, and the animal did not lose flesh.

Dr. Fowler then referred to a case which he had seen with Dr. Munde, in which intravenous injections of the substance were given with permanently beneficial results. About ʒ iij. of the liquid, corresponding to ʒ vj of meat, were thrown into the veins, and the vomiting and all other disagreeable symptoms dependent on perilous hemorrhage from cancer of the uterus, rapidly subsided, and the patient was soon able to take food by the stomach.

CHLOROFORM IN AFFECTIONS OF THE HEART.—M. St. Vergely, of France, (Dr. E. Le Sage in *American Medical Bi-Weekly*) after careful trials with chlo-

roform in cardiac difficulties, arrives at the following conclusions:

1st. Chloroform can be administered to persons with cardiac lesions without immediately fatal results.

2d. Chloroform employed with caution and discrimination in attacks of angina pectoris or palpitation, be it used by itself or combined with morphine, is a very useful therapeutic resource to prevent these formidable affections.

He reports a case with hyperthrophy of the heart and angina pectoris, for which many remedies had been used with very little relief. A teaspoonful of chloroform from a handkerchief was inhaled at each attack for two months, and was followed by ease, rest and at times, sleep. No accident occurred. During the sixty days about 200 grammes were used.

Other cases are given illustrating the effects of chloroform in various cardiac affections. One patient could not take the inhalations on account of the after sickness, but the others received much benefit.

Considerable difference of opinion prevails in regard to the safety of chloroform as an anæsthetic. Many surgeons fear to use it even where no cardiac lesion can be detected, while others, especially in Great Britain, use it constantly—often for patients with disease of the heart—with results that compare very favorably with those obtained from other anæsthetics. It is claimed by some that deaths so frequently reported from chloroform arise from fear and shock in consequence of too little of the anæsthetic having been given. Many of these deaths have occurred in dental rooms, or in other cases where some slight operation was required, and, consequently, profound anæsthesia might not have been deemed requisite. The question is worthy of still further investigation.

NEW OPERATION FOR SAVING A LOST AND PAINFUL EYE.—A boy 14 years of age had his left eye cut open by a stone. Through the wound in the sclerotic the vitreous ran out and the eye-shell collapsed. The physician in whose care the boy was, applied cold dressing with atropia, and was much pleased to find in the course of a week that the wound had healed. The eye regained its fullness, although there was no appreciation of light in it. Soon, however, severe pains set in, and the boy was brought to Dr. Chisholm, of Baltimore, for treatment. He had a good-looking eye, clear cornea, and iris so retracted that the pupil seemed as large as the cornea. There was no fundus illumination indicating a vitreous chamberful of blood. Removal of the eyeball was the only course to prevent sympathetic inflammation of the well eye, and Dr. Chisholm put into practice a recent and novel expedient, suggested in cases of glaucoma to retain an eye that still looked well although devoid of sight. He made an incision at the nasal corner through the conjunctiva, dissecting the tendon of the internal rectus from its sclerotic adhesion. Through this opening he introduced a pair of curved scissors and severed the optic nerve with all the ciliary nerves which enter the eye from the posterior axis of the eyeball. The divided muscle was then replaced and stitched in its normal position. When the boy awoke from the chloroform anæsthesia, all pain in the eye had disappeared, nor has he suffered at all since the operation. The promises are most excellent for the retention of a good-looking eye—infinitely better than any artificial eye that could be inserted.—*Va. Med. Monthly.*

A NEW ANÆSTHETIC.—The French journals contain an account of the successful employment of Prof. Bert's new anæsthetic, which consists of nitrous oxide 85 parts and oxygen 15 parts, under tension. Prof. Labbé, the distinguished surgeon of Larboisière, having occasion to remove an ingrowing toe-nail, carried his patient to the "Ærotherapic Establishment" of Dr. Daupley, and administered the anæsthetic in a chamber, the atmosphere of which had been compressed to 92 centimetres. After the lapse of a few seconds the patient became perfectly insensible, and the operation was performed and the dressing completed without the slightest manifestation of pain at the time or the development of any unusual symptom afterwards. Under ordinary conditions this mixture produces no effect upon the economy, while its employment under tension results in the speedy development of an anæsthesia which is profound enough to render surgical operations painless, and of so innocent a character as to preclude the possibility of a dangerous complication.—Dr. Edward Warren (Bey) in *N. Car. Med. Jour.*

HYPOSULPHITE OF SODA IN DIPHTHERIA.—Dr. Carpenter, of Petaluma, Cal., (*Med. Brief,*) has the following:

"Visiting one morning a favorite little girl, laboring under the disease (diphtheria). and finding the tongue as well as the fauces covered with a black exudative membrane, as hard as iron, and the powers of life failing, with labored, stertorous breathing, quick, wiry pulse, and albuminous urine, I stopped my whole course of treatment, even to stimulants. Dissolved soda hyposulphite, two drachms, in aquam, eight ounces, and ordered a teaspoonful every ten minutes; and when I made my evening visit, to my surprise, her tongue and fauces were clean, and she was comfortable. The soda hyposulphite had dissolved the offensive element as water dissolves sugar."

The doctor's success seems almost as remarkable as the hardness of the exudative membrane.

TROUSSEAU'S CATAPLASM.—Take a sufficient quantity of bread (more or less, according to size of the joints to be enveloped), cut into thin slices; remove the crust and soak the pieces about a quarter of an hour in water. The swollen pieces are then placed in a piece of linen and the water squeezed out until the mass seems but slightly moist. It is next placed in a water bath and allowed to remain three hours. A portion of the water is again pressed out, and the whole is softened and kneaded for five minutes with camphorated alcohol The dough is then spread out on a piece of linen cloth large enough to cover the joint. At the edges the cataplasm should be at least one centimetre (one-third inch) thick. Over the surface of the cataplasm the following mixture is poured: Camphora, 7 parts; ext. opii., 5 parts; ext. belladonna, 5 parts; alcohol, q. s. The dressing is then fastened on by adhesive strips and then covered with oil silk to prevent too rapid evaporation, and over the limb and joint a flannel roller is applied, tight enough to exercise a comfortable compression. This is allowed to remain from eight to ten days, and, if necessary, it is then reapplied. Dieulafoy has tried this remedy with great benefit in a large number of cases, and commends it highly to the profession.—*Central Blatt für Chirurg.—Hosp. Gaz.*

RULES FOR TREATMENT OF ABORTION.—1. In the first two months an abortion needs no special treatment. The hæmorrhages of early date are amenable to the same principles of treatment as those from non-pregnant uterus.

2. In the third month no treatment is required when the ovum is expelled with intact membranes. When the membranes rupture previous to expulsion, and hemorrhage takes place immediately, removal should be attempted, provided the cervix be sufficiently dilated to admit the index finger. When the cervix is closed the tampon should be tried for twenty-four hours. If the tampon proves ineffective, the cervix should then be dilated with a sponge tent and the ovum removed with the finger. The finger should pass up along the side of the uterus, across the fundus, and complete the circuit of the uterine cavity.

3. In cases of neglected abortion, retained portions should be removed with the finger or the curette. When the ovum is decomposed, no dilation of the os is usually necessary. When the ovum is fresh the preliminary use of sponge tents is usually demanded if manual delivery is resorted to.

4. In immature deliveries, hemorrhage can usually be controlled without the tampon, by compression of the uterus, and, in cases of delay, by the manual extraction of the placenta.—*Dr. W. T. Lusk in Medical Record.*

ETHYLATE OF SODIUM IN NÆVUS.—Dr. Purden has recently been trying the ethylate of sodium in the Belfast Skin Hospital. His first case was that of a nævus situated in the forehead, communicating through the bone with the cerebral circulation. The patient was a boy, aged three years; the nævus being about the size of a small walnut. Four applications of the ethylate of sodium removed the deformity. The author agrees with Dr. Richardson in believing that the remedy is a specific for nævus. He has also removed a small patch of cutaneous cancer on the lower lip by the ethylate; whilst three cases of lupus and one of warty growth on the back of the hand are progressing favorably under its use. The four results obtained by the action of the ethylate of sodium, viz , removal or absorption of water from the tissue into the ethylate; destructive action of a caustic from the caustic soda that is formed; thirdly, coagulation from the alcohol that is produced; and, fourthly, prevention of decomposition of the dead organic substance that is formed—were observed in the case of nævus.—*Lancet—Cincinnati Lancet and Clinic.*

Formulary.

ANTI-RHEUMATIC OINTMENT.—

℞ Gambogiæ,
Myrrhæ,
Canellæ,
Sodii salicyl.....āā ʒ ij.
Ol. terebinth, q.s., to liquefy.

M. Sig.: Use with steady friction twice daily, and then cover with wadding.—*Revue de Therap.—Med and Surg. Rep.*

COUGH MIXTURE.—The following simple formula has proved a very efficient cough mixture:

℞ Fluid ext. juglans cin.,
Tinct. opii camphoratæ . .....āā ʒ ss,
Syr. tolutani..... ʒ j,
Syr. pruni virginianæ..... ʒ ij.

M. S. A teaspoonful occasionally.

A drachm of fl. ext. cubebæ may be added, with directions to shake the bottle.

A. B. WEYMOUTH.

Maplewood, Mass.

CYSTITIS IN THE MALE.—The following is frequently employed at Jefferson Medical College Hospital:

℞ Pulv. opii..... grs. xij,
Camphoræ ..... grs. xxx,
Ext. belladonnæ..... grs. iij,
Cacao..... q. s,
Mx. et div. in suppos. no. vj.

Sig.: One each night before retiring.

Dr. S. W. Gross' prescription is also often employed. It is as follows:

℞ Copaibæ balsami..... ʒ iv,
Acidi benzoici..... ϑ jv,
Gumni. arabaci,
Sacchari.....āā ʒ ij,
Gaultheriæ olei..... gtt. xx,
Aq. camph., q. s. ad..... ʒ viij.

M. Sig.: A tablespoonful every 4 hours.—*Medical Record.*

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, AUGUST 11, 1879. No. 15

Editorial.

The Medical Schools.

The season of the distribution of medical college announcements is upon us, and from the number thus far received we apprehend no appreciable falling off from those of former years. Thus far we have noticed but two fresh applicants for professional favor in this direction; one of these is the new medical college at Little Rock, Arkansas, and the other a hybrid institution, a homœopathic college which recommends Ringer's therapeutics, at Buffalo, New York.

A careful scrutiny of the announcements reveals the fact that, notwithstanding the unmistakable demand for an advance which has been coming up (or rather down) from the profession for the past few years, the doors of the schools, with a few possible exceptions, are as wide open as ever. We had hoped that the agitation of this question which has more recently been witnessed, would be followed by some disposition on the part of the schools to conform to the wishes of the profession, but these hopes are banished by the announcements. The late memorable convention of the colleges at Atlanta was ostensibly in the line of progress, but it terminated in a miserable fiasco, and left the impression that the schools are very loath to do anything which may even temporarily curtail the receipts in the way of students' fees. And although the call for the convention was ostensibly in response to a demand from the profession for higher requirements on the part of graduates, none of the few colleges which met in convention have acceded to this demand. The fact of the matter is that the medical schools of this country are, with a few honorable exceptions, primarily commercial ventures, and are governed by the same laws and rules which obtain among other enterprises in which there is strong competition. The idea that medical colleges are conducted "in the interests of the profession," however much truth their may once have been in it, is, in these latter days, but a beautiful fiction. The medical college, not bountifully endowed, which would voluntarily pursue a plan calculated to improve the quality of its graduates at the expense of their quantity would certainly be a unique institution.

The question which suggests itself is, Is this a desirable state of affairs? The profession have for years been answering "No" with all the emphasis of which they are capable, but still the old-time college announcements appear with no material change, and with the beautiful regularity of the seasons.

There are two remedies for the evil, but we fear that the causes which make them impracticable will long continue to exist. One is for the profession to unite in the bestowal of their influence and patronage on such schools as shall institute a proper standard of requirement. But as long as young men can be found who are content to enter our learned (?) profession lacking even the rudiments of a literary education, and whose only object is to secure some sort of a document which shall entitle them to affix the talismanic .M. D. to their patronymics, so long will colleges be found willing to receive and to graduate them. The other is legislative enactments in each of the States similar to that in operation in the neighboring Province of Ontario and in Texas, fixing the period of study and requiring a practitioner to be a graduate of a regularly chartered college, but not recognizing the diploma of that college as a sufficient guaranty of qualification for practice, such qualification being only attested by the certificate of a board of examiners chosen by the profession and independent of the schools. If the profession of this country were to unite with a view to securing the latter efficient remedy against the crying

evil, possibly some of the younger contemporary practitioners might live to see the consummation of their endeavors.

MILK FOR BABES.

As will be noticed elsewhere in our present number, our note in the last issue of the NEWS on the subject of the summer diarrhœa of children, has provoked a somewhat caustic criticism from the pen of Dr. Edwin Stewart. The subject is certainly one which not only admits of, but positively demands, discussion at this season of the year more particularly. If our remarks have created the impression that we are of the opinion that the food which nature has provided for children is capable of improvement by art, we take this opportunity of removing that impression. We have the highest respect for nature, and are very jealous of any interference with her processes, whether in the matter of generating children or in rearing them. These are processes in which no improvement has yet been made. Our remarks on the subject of infant feeding had direct reference to the artificial rearing of children, and to the natural method when it from any cause, as vicissitudes of weather, improper condition of the mother, etc., it becomes perverted. These remarks, moreover, ought, perhaps, to have been more especially confined to the rearing of children in cities, although the deleterious influences are by no means exlusively confined to cities.

Milk is undoubtedly the best food for babes, but everything depends on the condition of the milk. What practitioner is there who has not noticed that even the mother's milk, drawn direct from the breast by the child itself, is, under certain conditions, about the most poisonous fluid the child can ingest, producing vomiting, diarrhœa, convulsions, and at times even speedy death. The influence of the mother's emotions on the secretion of her breasts has been remarked for ages, and long before the *modus operandi* was understood.

The *sine qua non* of nourishing, health-giving milk is alkalinity, and, speaking from our own experience, this is a quality by no means constant even in the mother's milk, while in the cow's milk that is furnished by the city vender it is present during warm weather only in very exceptional instances. Four years ago we gave this subject some attention, and secured samples from the cans of ten milkmen. In not a single instance did we find an absence of acidity. We accused our own milkman of carelessness in the care of his cans, and on learning from him his process of cleansing, we repaired to his stable and had milk drawn directly from the cow's udder. Even this gave an acid reaction to litmus, notwithstanding the fact that the cow was only partially fed on brewer's lees and potato skins, being allowed to graze in a good pasture for the greater part of the day. Other physicians in this city have had similar experience, and although, doubtless, alkaline milk is much more common in the country, a short experience in a very healthful section convinced us that even the milk of cows fed entirely on grass is liable, during very warm weather, to undergo a change in the udder itself.

In view, therefore, of the above facts referring to milk, to say nothing of the farinaceous diets, we reiterate our approval of an article of diet for children which is not liable to take on these deleterious changes. Vogel says of it: "By far the most rational of all substitutes for the mother's milk is undoubtedly the so-called Liebig's Soup, by which the great chemist has rendered an everlasting service to Pædiatrica. According to my own experience and that of many German physicians, it is the best substitute for the mother's milk, and has visibly saved the life of many totally atrophied children." The food has also the very warm approval of Dr. J. Lewis Smith, of New York, whose work on the Diseases of Infancy and Childhood is one of the best written. The objection to farinaceous diet for children is based on its indigestibility, and in Liebig's process this objection is overcome. The starch is transformed into sugar and dextrine, a change which, when farinaceous substances are used in the usual way, is effected in the stomach, and this organ is relieved from a part of the

burden of digestion. This food, according to Liebig, furnishes double the amount of nutriment contained in milk, or, as he expresses it, "is a double concentration of that secretion."

We have thought it necessary to refer to the subject at this length to relieve ourselves of Dr. Stewart's imputation of endorsing a "proprietary" preparation.

Free Quinine.

It appears that the "tricks of trade" are likely to keep from the public the benefits which were expected legitimately to accrue from the recent removal of the twenty per cent. duty on quinine. The action of Congress in removing this tax on the alkaloid, while, at the same time, allowing the duty to remain on the cinchona bark and on the alcohol and other solvents necessary in the manufacture of quinine, is indirectly the cause of the withholding of the expected benefits. This half-way action of Congress, moreover, is a manifest injustice and works a manifest injury to the American manufacturers of quinine. The remaining duty on the cinchona bark has handicapped them in the competition against the English makers, who receive their crude materials, raised in the British possessions, free of duty. A conversation with Mr. Davis, of the firm of Parke, Davis & Co., of this city, has put us in possession of facts with which we were previously not familiar and which we had no means of becoming familiar with, which causes us to modify our views on this subject as expressed in our last issue.

On general principles we are opposed to monopolies, but there are instances in which monopolies are the direct result of real merit. A house, by proper enterprise and an unswerving devotion to honesty in its methods, identifies its name so inseparably with its wares, and without any special privileges not accorded all who seek to compete with it, that the consumer demands these wares in preference to those manufactured by untried firms. A monopoly of this nature is a premium on honesty, and has none of the objectionable features of monopolies as they are commonly understood. This is the nature of the monopoly enjoyed by the Philadelphia manufacturers of quinine. We understand, furthermore, that these firms have never been guilty of jobbery or the getting up of "corners," but that they have given their patrons the benefit of any fall in the price of the crude bark.

The repeal of the duty on quinine alone has thrown the control of the quinine market into the hands of foreigners and brokers, and they have not been slow to improve the opportunity afforded them. This is certainly an unfortunate situation, and it is aggravated by the fact that quinine of foreign manufacture is by no means an article of constant purity, but that it is frequently sophisticated. Powers & Weightman's quinine has been an absolutely and invariably pure article, and no trace of salicin has ever been found in the original package as it has come from their laboratory.

The *Medical and Surgical Reporter*, in referring to the recent action of Congress in the matter, says it was the result "of an avoidance of a fair and open discussion of the question before taking action." This is probably true, and from the present view of the matter the profession must regret the turn matters have taken, but the whole affair cannot fail to point a moral. The Philadelphia firms, having confidence in the inherent righteousness of their cause, failed to bring its merits properly before the profession, and the movement against it, as far as the profession was concerned, was conducted on general principles and the belief that the duty protracted the monopoly. It is true an appeal was made to the American Medical Association at its late meeting, but that was not the proper place to reach the profession. It is in the medical journals of the country that professional sentiment is moulded, and the Philadelphia firms made a mistake in not keeping themselves *en rapport* with the profession through this channel. Had they taken pains to properly inform the medical editors of the country, the present condition of affairs would doubtless have been averted. The profession may safely be trusted, and its

recent stand on the quinine question was perfectly correct, considering the data on which its opinion was formed. Manufacturers, whose interests and those of physicians have so much in common, should not hold themselves so much aloof from the profession as have the Philadelphia firms alluded to.

YELLOW FEVER.

The yellow fever still continues its deadly work at Memphis, and the indications of its abatement, as long as material for it to work upon remains, are so far entirely wanting. The city is deserted, except by negroes and such whites as rely for immunity from further attack on their having already had the disease. The breaking out of the scourge at Memphis seems to have been owing to the fanning into life of smouldering embers remaining from last year's epidemic, and the disease thus far has manifested but little disposition to spread beyond the seat of its original outbreak. The sanitary authorities have been as active as possible since the first appearance of the disease, and are doing all in their power to redeem their lack of vigilance previous to this appearance. This lack, however, is perhaps not as reprehensible as it would appear at first glance. Men are prone to base their conduct on the reflection that "lightning never strikes twice in the same place," and the fearful ravages of last year were received as grounds for the hope of exemption this year. The baselessness of any such hope has, however, now been thoroughly demonstrated, and the conviction thrust home that nothing but the most thorough measures will suffice to eradicate the disease, which would seem to be indigenous to the South. There is a large field for sanitary work in that section, and yellow fever, fearful as has been its ravages, will not have been an unmixed evil if it succeeds in setting on foot measures which will result in removing the notoriously unsanitary conditions which obtain in those localities which it has ravaged.

For list of remittances for month ending August 7th, see advertising page XX.

Miscellany.

RHUS POISONING.—The request of Dr. D. M. Johnson, in No. 13 of the NEWS, for suggestions for the treatment of the poisoning by rhus toxicodendron has elicited responses from practitioners in various parts of the country. In addition to the articles on the subject by Drs. Gundrum, of Ionia, Mich., and Parsons, of Brownsville, Missouri, which appeared in our last, we have received numerous others. A number of these are but recommendations of applications very commonly resorted to, and need not, therefore, be reproduced here. The following, however, are somewhat different. Dr. J. C. Campbell, of Albany, Vermont, has found satisfactory results to follow a free bathing with a saturated solution of the chlorate of potassium and the internal administration of:

℞. Tr. ferri chloridi..... ʒ ij
Cinchonidiæ sulph..... ʒ ss
Aq. font., q. s. ad..... ℥ ij
M. Sig. A teaspoonful every 4 hours

Dr. J. F. Campbell, of Williamston, Mich., says the following has never failed in his hands:

℞. Tr. camphoræ.
Aq. ammoniæ.....aa ℥ ss
Ol. olivæ..... ℥ ijss
M. Sig. Apply 3 times a day. Make stronger or weaker *pro re rata*.

Dr. H. H. Bordener, of McClure City, Pa., pins his faith strongly to the black wash of the U. S. D. He gives also internally quinine and iron.

Dr. R. C. McPhail, of Minnesota, believes that the irritation is caused by an acid which is generated by the poison, and he applies a saturated solution of the bicarbonate of soda as a chemical antidote. Whether his theory is correct or not, he has found the application better than any other he has tried.

Dr. E. T. Wilmot, of Great Bend, Pa., writes:

"In my practice, the application of tinct. iodine has been the most effectual. From one to three applications, covering the affected part completely with the liquid, has never disappointed me of a cure. The burning and smarting sensation attending such an application is more or less severe, according to the nervous susceptibility of the patient, yet they will invariably pronounce the remedy as 'not half as bad as the disease.'"

Dr. A. F. Henry, of Alamo, Indiana, sends the following:

℞. Caustic potassæ..... .... gr. xl
Rain water..... ℥ iv
Mix. Wash the parts four or five times a day and a cure is effected in two days. If applied immediately *instant* cure results.

One of my patients, very susceptible to the poison, carries a solution in his pocket when re-setting fences, and applies it at once when exposed to the poison. Instantly the epidermis peels as after other treatment. Olive oil for after treatment.

We may be allowed the remark, *en passant*, that the NEWS has certainly proven itself a success, in this instance, as a medium for the interchange of thought among practical physicians. Dr. Johnson's inquiry has resulted in more recorded information on the subject of rhus poisoning than is to be found in any of the standard works.

MILK FOR BABES.—Said the eminent Dr. U. to me some years ago: "Doctor, did you ever see a child raised without milk?" The reply was in the negative. "Well, I have raised fifteen or sixteen in my own family and suppose I have seen several thousands raised, but never one without milk." Has anyone a different experience? Yet this is written in the MEDICAL NEWS of July 25th: "What is wanted is a food which shall obviate the objection to both farinaceous or starchy preparations and milk." *And milk!* "In the name of the prophet, figs!" And then a proprietary "Food for Infants" is recommended!

This is no place for personalities, but a physician that would give such counsel should be arrested and tried for conspiracy for the "slaughter of the innocents." And such a coupling of words for comparison where there is only contrast, "starch and milk"! The one confessedly no food at all for a babe, the other the *only* natural and wonderful combination that contains every element for the nourishment of the body! "But milk rapidly sours." So does meat and bread spoil, but we do not banish them from our tables. We care for them, or take the consequence of our neglect. So with milk and everything else. Let all such doctrines be quarantined. Let them, if entertained at all, be confined to the city, where perhaps the mothers do not nurse their babes, and where it may be difficult to obtain good milk and take care of it, but in the country where children are nourished by the physiological process, and where the pastures and highways are overstocked with healthy cows, let us have no such heresies. Let us rather adopt the theory that milk, before it is drawn, is *clean* and *sweet*. Then let it be kept *clean* and *sweet*. Let all dishes and everything that comes in contact with it be kept *clean* and *sweet*. Let all utensils used in feeding be emptied and scalded after every meal. Let no drop of the present meal enter into the next. Then let the top of the milk be diluted with sufficient pure water to adapt it to the age of the child, and the character of the dejections, according to rules within every physician's reach. Meanwhile rapidly cool the new milk, and keep it cool and apart from all odors which it readily absorbs. Then we have that which is food and drink indeed. The sole pabulum of life, the nectar of the gods, the only combination of elements that will nourish and sustain the human body for long periods of time either in health or in disease. EDWIN STEWART.

Mendon, Mich.

WHAT'S IN A NAME?

EDITOR MEDICAL NEWS:

Having read the articles which have appeared in your journal on the subject of the term allopathy, and having thought the subject over somewhat, it strikes me in this wise: Since a number of systems of practice are recognized by the people, they must necessarily have some definite name for each in order to distinguish between them, and if each system does not furnish a name for itself, it has no good ground for complaint if a name is applied which does it injustice.

Now, a name should be such as to distinguish its system from every other without reflecting in any degree upon the merits of any other system, or else it will be met by the charge of bigotry, and will not be readily accepted by the people; and this I think is the fault with some of the names proposed. For instance, if one system claims to be distinctly "rational," the inference is that all others are irrational in comparison; and the same is true of the terms regular, physiological and progressive. Pantopathy struck me quite favorably, but if fault were to be found with it, I should say that in its significance it was rather too broad than too narrow, and if it is desirable not to follow the paths of the Paths, how would Adesmy do? being coined from *a*, privative, and *desmeo*, I bind, or confine, and would signify non-restriction, either by any universal rule or law of cure, or to any particular set of remedies, or from any remedy which reason or experience may recommend. W. C. HUNTINGTON, M. D.

Howell, Mich., July 28, 1879.

THE COLLECTION OF BILLS.—"The laborer is worthy of his hire" is a saying which has come down to us from high authority and has the endorsement of the ages, but the question of how he is to collect his hire is one which has never yet been answered. Yet, notwithstanding the apparent hopelessness of ever reaching a satisfactory solution, the question is one of perennial interest, and in the vain hope that some one may have un-

tied the Gordion knot, everything written on the subject is devoured with avidity. The weather is warm enough to deter any one from grappling a subject of such ponderosity, and the time is somewhat unseasonable, yet the *Medical and Surgical Reporter*, ever mindful of the weal of its supporters, tackles it. It says:

With the increasing keenness in competition the ancient plan of presenting bills once a year has grown into disfavor with nearly all business men. It has been found that the more nearly we can approach a cash system the better it is for all classes; and in default of cash payment, the shorter the time understood necessary for payment, the more profitable for both parties. The popular wisdom has crystallized this truth into the antithetical proverb, that "short accounts make long friends."

Physicians have been among the last to take note of this change. In some parts of the country it is still the custom to postpone the presentation of bills to some yearly date, January 1st, April 1st, or "after harvest." Much of the financial depression of the profession is owing to this bad business habit; and lately, in this city, it has been receiving the earnest attention of one of our societies, the Northwestern Medical Association. At a late meeting, called especially to consider the financial interests of the members, the following resolution was unanimously adopted:

"*Resolved*, That a committee be appointed to take into consideration the matter of securing the cooperation of heads of departments, presidents of railroad companies and heads of large manufacturing establishments, in the collecting of our bills for medical attendance."

It was believed that by such action the bills due physicians by employes could be rendered more secure.

One of the members of the committee also presented a paper to the Association discussing the general question. Some of his remarks, we believe, will be read with interest by the profession at large:

"But what can be done? A panacea for the discomforting complications of the financial problem is, perhaps, unattainable, but remedies for their alleviation should be certainly brought within the reach of the general practitioner. The natural aversion of physicians to approaching their patrons for pecuniary aid has generally led to such postponements in presenting bills, that many have come to feel that a doctor strains a point of etiquette if he presents his bill at all, and to come twice for his money is an insult! Often physicians find it so unpleasant to repeat their calls for purposes of collection, that, 'after a few unsuccessful attempts with delinquents, they give it up, rather than subject themselves to the humilities of the task. This phase of the problem is a demoralizing one to the crafty and dishonest, who purposely hold back payment until the pursuit for money be abandoned through weariness or disgust. These are errors of the public practice toward our profession that wofully need correction. One indispensable condition for their correction will be found in a cordial, steadfast union of the medical profession, or any considerable given quantity of medical influence directed toward the defence of the interests of each and all together, by an unswerving demonstration that the medical profession respects itself enough to expect and to insist on receiving a fair and reasonable pecuniary remuneration, and that, too, with considerate promptness.

"'Where there's a *will* there's a *way*'—and few, indeed, there be who are not as able to pay the physician as he is able to lose his earnings. By accustoming all classes of patrons to an early or earlier rendering of bills, while the amount is moderate and the service fresh in memory and appreciation, the satisfaction of both people and physician will be better assured, collections will be facilitated, friendships perpetuated, and a healthier financial morale promoted. By a protective law of human nature *carrion* is offensive to the senses, and the 'dead horse' of an old bill is always obnoxious to both physician and patron!

"If the necessary perseverance of the task of collecting be distasteful or impracticable to the practitioner, then an excellent plan is the one already adopted by this association, viz., the employment of a reliable, earnest, courageous, persevering collector, who can collect for a large number at the same time, and in a few months perform the disagreeable task of prompting the slow, stirring the dilatory, rousing the indifferent, pressing the dishonest and marking the 'loafers and deadheads.' While a trustworthy and accomplished collector is doing this for one, he can do it for all—thus placing every physician employing him upon a fairer and better basis for knowing exactly the financial status of his business. But single-handed effort must fail, while united effort must succeed.

"It has long been the conviction of the speaker that the adoption of a system of premiums and penalties by physicians would practically facilitate a more satisfactory adjustment of their finances. Persons who might pay more promptly often do not, for the reason that there is no practical inducement, while the tendency to indefinite postponement is encouraged, because there is no disadvantage accruing to the postponer. I believe there is propriety and practical wisdom in establishing the habit of rendering accounts for medical service at the close of each consecutive service, and that the 'terms' of the physicians be printed on the blank form of their bills; these terms to embrace the incentives to promptness by a statement of a reasonable per centum rate of interest to be charged after the expiration of a reasonable length of time, if payment be deferred. Many persons habitually in arrears might be thus encouraged to make a new start, and put themselves upon reputable record."

To accomplish the objects here proposed a uniform blank for a bill has been adopted by the association. On its face it bears the notice:

"Bills rendered monthly, or within thirty days after service."

On one of its extremities is printed:

"Ten per cent. discount will be allowed if payment is made within thirty days."

"Lawful interest will be charged after thirty days."

On the other the name of the collector chosen by the association is given,

By these plain notices, printed on the bill, and all the members making use of the same form, anything like personality is avoided, and no charge can be brought against any one physician that he is too eager for his pay.

If such a plan is honorably carried out in all instances, by all members, there certainly will be a gratifying change for the better in the annual balances of their books, and physicians would, if such measures were generally adopted, be relieved of many unpleasant experiences.

DISINFECTING LAMP.—The following is the newspaper account of a process of disinfection adopted at Louisville, Ky. The "squirt lamps" referred to are, doubtless, steam atomizers. We incline to the opinion that the non-occurrence of yellow fever after the use of the carbolic spray is a mere coincidence, as suggested. This agent has been abundantly tried, without success, further South, and under circumstances which would have left no doubt of its efficacy had the disease not followed its use. Certain Louisville *savans*, moreover, have maintained with much vigor that it is impossible for a case of yellow fever to originate *de novo* in their city, although they had no little difficulty in explaining the cases of "pernicious malarial fever" which occurred there during last year's yellow fever epidemic:

"As trains pass through Louisville, Ky., from the South, officials pass through the cars armed with "squirt lamps," with the contents of which they liberally sprinkle the passengers. It is the same apparatus that is used in European hospitals for disinfecting purposes. It consists of a lamp-heating reservoir of water, producing steam. The latter causes a vacuum in a tube leading to the carbolic acid, which ascends, and by the jet of steam is thrown out in very fine, spray-like fog. The spray is so fine that no clothing is injured, and the same effect is produced in one hour as by any other known method could be produced in twelve or fifteen hours. It may be a coincidence, says the *Courier-Journal*, but no one has been attacked in Louisville with the yellow fever so far who has been subjected to this process."

A MEDICAL CONTRACT IN ITALY.—A singular case of homicide was lately tried at Spoletti, Italy. The accused was a rich farmer, named Carlo Maronni, and his offense was shooting a doctor who had failed to cure his child. When the child, a boy of fourteen months, was taken sick, the farmer sent for the doctor, and proposed to him that if the child recovered he would pay him 2,000 lire (about $400), but if the child died, he should exact the doctor's life. The impecunious doctor accepted the proposition, and an agreement was duly entered into. Unfortunately for both doctor and child, the latter continued to grow worse, and finally died. A few days after the father exacted his bond, and laying in wait for the doctor, he shot him. The agreement was produced on the trial, and seems to have been considered by the court, who imposed a sentence of only ten years' imprisonment and a fine of 25,000 lire.

Paragraphs.

A SUMMER MADRIGAL—(*air*, "*Pinafore*").—
"Now the boy climbs up the trees,
And the verdant fruit doth seize;
And immediately the poison in his stomach camps,
And so do the fidgets and the colic and the cramps."
—*Medical Times.*

A hint to ambitious young men—Camphor is said to relieve tobacco sickness.

A Delaware doctor gave it as his opinion that a patient of his had "bileous feaver." The patient, of course, died.

It must have been in the green fruit season that Tennyson wrote, "From our waist places comes a cry."

The Empress of Germany has, through Professor Langenbeck, offered a prize for the best treatise on diphtheria that shall be published within a year.

Pilocarpin has been used with success for the relief of itching in jaundiced patients. One-third of a grain is given hypodermically every night.

According to the Indianapolis *News*, the Government has contracted for 8,000 bottles of carbolic acid, to be used as a disinfectant in the army. The acid is to be put up at Jeffersonville.

Apropos of the "Metric," Dr. Stockton, of Philadelphia, writes: Your editorial in No. 14 of the NEWS meets my hearty approval. The system is a foreign innovation for which we Americans have no need, and that is a sufficient argument against its adoption.

The products of coal tar enter largely into the flavoring of sweatmeats. For instance, the oxide of amyl or the formiate of propyl give the flavor of the pear, and butyric ether, or acetate of butyl, both produce on the palate precisely the same sensation as that caused by pineapple

At a recent discussion before a California medical society, a physician stated that he was not cognizant of a single instance in all his practical experience wherein cod liver oil had benefited a consumptive patient, and he had administered barrels of it. Size of barrels not given.

A certain Edward Twiss, M. D., attempts a history of the medical press of Michigan in the August number of the Detroit *Lancet*. He remarks that he who assigned him the task "should be held amenable to the charge of cruelty to animals," and we perfectly agree with him, and if he had said "cruelty to a particular animal with elongated auricles," we should have been enthusiastic in our endorsement of the remark. He says the MICHIGAN MEDICAL NEWS and the *Physician and Surgeon* are the representatives of identical interests, with the implication that they are the organs of the same institution! Well, Twiss always was regarded as a little queer.

The State Board of Health of Illinois having rebuked the Hahnemann Medical College of Chicago for its habit of graduating students who had not attended two courses of lectures, six months apart, the Faculty of that institution, instead of raising the cry of martyrdom—a trick so successfully resorted to by homœopaths generally—have acknowledged their error, and promised to go and sin no more. Selah!

"A Druggist" in the *Hospital Gazette* claims that the custom among physicians of sending prescriptions to certain druggists, from whom a percentage is received, is the prime cause of counter-prescribing among druggists. Our honest friend prescribes because of the possibility that the patient will not return to him with the prescription, and a bird in the hand is worth two in the bush.

The festive potato bug has at last been found to be of some use. The *Journal of Pharmacy* says that the fresh powder of the bug yields about 1½ per cent. of pure cantharidin. This is a large product, and the time may soon arrive when the potato bug will be cultivated, and when the demand for Paris green will fall off.

William Emerson Baker offers $200,000 to the Public Health Association of Boston, on condition that half as much more be subscribed by others. The association is devoted to investigation as to house ventilation and drainage, the sale of adulterated and otherwise unfit food, and general questions affecting health. Mr Baker is a true philanthropist.

A singular case recently in Russia: A child four years previously had died of diphtheria, and the father wished to remove the remains to a new location. Before the child was re-interred the whole family, including five children, viewed the corpse through an opening in the coffin. The next day all the children were seized with diphtheria, of which one died.

The late Dr. Tilbury Fox left a written request that the following should appear in any obituary notice of him which might be given in the *Lancet:* "I died a Christian in the now, I fear, much despised sense of that term, a simple believer in Jesus Christ as a personal living and loving Saviour, without any righteousness of my own, but perfect and secure in His; and that I know in whom I have believed, and am persuaded that He is able to keep that which I have committed to Him until that day."

The editor of the Detroit *Lancet* is also secretary of the American Medical College Association, and when he says, as he does in the August number of the *Lancet*, that the medical colleges "find it impossible to suddenly change the low standard of doctors and students," the saying must, to a certain extent, be regarded as official. We object to the word "impossible." Had he said "impolitic," or "impracticable," or "impoverishing," (so far as the schools are concerned) we might credit the remark, but "impossible," never!

When any of our exchanges do us the honor to copy from us, we would remind them that there are several *Medical News* published in this country, and that when we are the particular *Medical News* referred to, they should specify by prefixing "Michigan." It would also be but fair and courteous that our name should appear instead of the "Exchange" which sometimes follows copied articles which originally appeared in the NEWS. These are small matters, perhaps, but the sum of life is made up of little things.

No physician should confine his reading to scientific or strictly professional books. This tends to make a man narrow. Of the many valuable periodicals which he may read with profit and pleasure no single one excels the *North American Review*, edited by Allan Thorndike Rice, and published by D. Appleton & Co. As a sample of the articles it contains we give the table of contents of the July number: Our Success at Paris in 1878; The Revolution in Russia; The Public Schools of England; The True Story of the Wallowa Campaign; The Psychology of Spiritualism; The Education of Freedmen; Recent Essays.

Messrs. Parke, Davis & Co., the enterprising manufacturing chemists of this city, have "carried the war into Africa." Their agent, Mr. Wetzel, set sail on the 26th ult. for Cork, Ireland, with a large stock of the goods with which the name of his house has become identified, with a view to introducing them to the notice of the profession in Great Britain, through the British Medical Association, now in session in that city. We cannot but hope that the venture may prove a success, and that the worth of this American firm may be recognized beyond the seas as it is at home, where the house is so thoroughly known.

SUCH IS FAME.—The Louisville *Medical News* and the *Medical Advance* both complain that the names of their editors are not familiar to their correspondents. Brother Cowling, for instance, is called "Cowan," "Cowen," "Cowing," "Cowden," "Growling," "Crowley," etc., and Brother C. Henri Leonard is variously known as "C. Henri Davis," "C. Henri," "L. Henri," etc. Of course this is all very improper, and the profession should be set to rights. Perhaps if Brother Leonard were to leave off parting his name in the middle, relief might come in his case. As for Brother Cowling, notwithstanding the very uniform correctness in the first part of the name, the remedy is not so apparent. If the error occurred in the first syllable, some shallow pated reformer would doubtless suggest a change in its gender, as a remedy, but under circumstances as they exist, we have nothing to offer—except condolence, and the advice that he secure some intelli-

gent correspondents. *Our* correspondents are from a class in which mistakes of this nature will be simply impossible.

We have received a prospectus of a new medical journal about to be started in Chicago, under the name of the Chicago *Medical Gazette*. We are pleased to see that its projectors make no apology for starting it, but in a manly, straightforward business way, say: "The rapid progress of medicine, and its varied, changing and widespreading interests and relations, have created a demand in general medical literature, as in secular literature, for periodicals which shall appear more frequently than the monthlies and quarterlies—a demand for semi-monthly or weekly journals. Such a journal will be published in Chicago. Its projectors have counted the cost, believe there is room for it, and do not hesitate to accept the responsibility implied in placing it before the profession." This statement has the proper ring, and we are at once favorably impressed. Dr. E. C. Dudley is the editor, and his corps of contributors embraces leaders of the profession in this country. The journal is to appear twice a month, will contain 24 double-column large octavo pages of each issue, and will be furnished for $3 a year. The first number will appear in October. Specimen copies will be sent gratis, on request by postal card, to Dr. E. C. Dudley, 203 Erie street, Chicago, Ill.

Original Articles.

Death from the Lodgment of a Fifty Cent Silver Coin in the Œsophagus.

BY E. F. WILMOT, M. D.

The following remarkable case occurred last week in a town adjoining my field of practice: A young man was amusing a little sister by tossing up a silver half dollar and catching it in his mouth. After a number of repetitions of the trick, he accidentally and almost unconsciously swallowed the piece. It, however, gave him so little inconvenience as to cause him even to doubt that he had swallowed it. He made no complaint, and continued his usual employment without feeling any alarm. He was a member of a brass band, and played his instrument the night before his death, which occurred three weeks after he swallowed the coin. The first symptom calculated to cause uneasiness was the vomiting of blood, which terminated fatally in a few minutes. At the autopsy the coin was found lodged in the œsophagus, midway between the stomach and the pharynx. It was lodged edgewise, and in such a manner as to cause the slightest obstruction to the passage of food. The impacted edge had ulcerated through the wall of the œsophagus and into the aorta, the opening in the latter being scarcely larger than the head of a pin. The stomach was filled with blood. Doubtless the hemorrhage had taken place into the stomach for some time before the vomiting, and the rapid death after this set in is thus accounted for.

Query: Had a correct diagnosis been made soon after the swallowing, might the coin have been successfully removed?

Great Bend, Pa., July 20, 1879.

A Case of Addison's Disease.

BY W. T. CLELAND, M. D.

The following case of Addison's disease occurring in this town, and to whom I was called when the subject was dying, may be of interest:

Mr. F. P. Howell, aged 23 years, married, and living with his father, who is a practicing physician in good standing here, was affected with this obscure disease ever since he was a small boy. His general health was good until 1875, when he contracted intermittent fever, since which he was troubled with occasional chills, which yielded very readily to quinine and other usual remedies. In the fall and winter of 1876 and 1877 he attended a course of medical lectures at the Bennett College (eclectic), in Chicago, and while there some of the Professors, noticing the brown, mottled color of his face, inquired into the cause and diagnosis of his disease. Other professors living in the city also examined him, and for the first time in his life he received a name for his long continued affection, and was placed on treatment for it, which he continued on returning home in the spring, and seemed for three or four months to improve. The dark brown spots over his face, breast and arms, however, continued, and during March and April, 1877, he was troubled with an occasional chill. When the secretions from his kidneys were active he felt much better. At no time since my acquaintance with him (eight years) did he have any other sickness, or was he confined to his bed or room, except for a few hours from fever following his light chills, until the day he died. On the morning of August 30, 1877, a picnic and festival was held in a grove near this town, and he had been taking an active part in preparing for it, and his wife and little boy, with himself, were all ready to walk out, but it being very warm, and nearly noon, told his wife he felt very tired and would go up stairs and sleep until dinner. When the meal was ready he was called up by his father, and as he did not reply, the family let him sleep until two o'clock, as his wife said he had to get up oftener than usual during the previous night. At the above hour his father, getting no answer to his call, went up to his room and tried to waken him, but he was comatose and insensible. Myself, with the other physicians of this town were hastily summoned to his bedside. Counsel from the adjoining town was called, and everything done for his relief that could be, but he lingered until the

following day, when death relieved his sufferings. From the first he had convulsions, caused, doubtless, by anæmia, and the mode of his death verified a prediction I had made to his father some months previous.

The pathology of Addison's disease remains shrouded to a great extent in obscurity, and it is to be regretted that no post mortem examination of this case was allowed. Drs. Greenhow and Wilks have written largely upon the pathology of this disease, and from all that can be learned the inflammatory action in the supra-renal capsules gives rise to a degenerative process which some writers call "chronic scrofulous pyelitis," which perverts the function of the sympathetic nerve. In the case reported, the occasional chills were probably owing largely to the local inflammatory action. The kidneys gradually becoming less and less active, finally allowed the blood to become charged with urea, and the resulting fatal coma and death followed in natural order.

Kewanna, Indiana.

An Anomalous Case of Pregnancy.

BY E. S. RICHARDSON, M. D.

In the issue of the 10th inst. of the MEDICAL NEWS is a case reported by Dr. Herrick under the title of "An Anomalous Case of Pregnancy," which is so similar to a case that came under my observation that I am induced to add another case to the irregularities of pregnancy or the action of ergot:

A few years ago, during my practice in Saginaw, I was called one night to attend Mrs. A., of Carrollton, in her third confinement. On my arrival she stated that the membranes had ruptured, that the pain had ceased. Digital examination revealed the os uteri dilated to about the size of a silver quarter dollar. Just how much liquor amnii had escaped I could not tell, but the woman thought about a pint, and the saturated bed clothing led me to think that her estimate was none too small. After waiting for the return of the labor pain until I thought best to aid them, as there was no sign of their coming on, I administered Squibb's fl. ex. ergot in 20 drop doses. Morning came, but it brought with it no pain. I made another examination and found the os closed. The woman feeling quite well, I gave no more remedies, but advised quietude and rest, and returned home. I saw her nearly every day after until her labor six weeks after my first visit. Regularly once a week the liquor amnii would pass off, in large quantities sometimes, yet notwithstanding this she kept up and did her housework. She finally gave birth to twins, one of which was plump and healthy, while the other was very much emaciated, but was alive, and in a few weeks was as plump as its sister.

Reed City, Mich.

Selections.

METALLOSCOPY.—The following is the *resumé* of a thesis recently sustained at the Frederick William University, Berlin, by A. S. Adler, a Calfornian student there, as given by M. Blanchard, in the *Progrès Médical*, May 3:

The author first gives succinctly the state of the question of metalloscopy, then, in a following chapter he relates his own experiments, and the whole is summed up in a final chapter that I translate *verbatim:*

"In cases of hysterical hemianæsthesia, a simple excitation, such, for example as that from a mustard poultice, if kept up long enough, produces under any circumstances an increase of sensibility of the part affected. This increase may sometimes have only the effect to recall the lost sensibility; but it may even provoke such a hyperæsthesia as to make simple contact painful. This restoration often coincides with a diminution of sensibility at a point symmetrical to the part excited, but this result is not a constant one. With the use of metals less constant results are obtained in this order of observations, than with mustard plasters. Of four metals tested on a hemianæsthetic patient, only copper caused any augmentation of sensibility in the part to which it was applied; an increase sometimes coincident, sometimes not, with a corresponding diminution in a symmetrical portion of the body.

"In healthy individuals, the application of metals gives very inconstant results; sometimes they increase sensibility of the point to which they are applied; at other times, on the contrary, they decrease it; and again in others they produce no effect whatever. We cannot therefore speak of any certain influence of metals exerted on the sensibility of the healthy individual.

"I have, on the other hand, seen regularly and surely, that a simple excitation (sinapism) increases the sensibility of the point of application and diminishes that of a symmetrical point on the other side of the body. Hence it follows that, when the metals exert an influence on the sensibility of hysterical patients, this may be explained very probably, in an altogether different way than by supposing that they have a specific action on sensibility.

"The important result of my investigations is the fact that, in the healthy individual, a simple excitation increases the sensibility of the side not excited (healthy) and diminishes that of the side excited (diseased). It is beyond a doubt that this phenomenon appertains to the functions discovered by Adamkiewicz, and described by him under the name of 'bilateral functions.' If in one class of these functions (the secretion of sweat) we have the synergic action of centers of organs symmetrically situated, the sensibility of the body represents on the other hand a bilateral function in which the

ganglia of symmetrical organs are antagonistic to each other in the exercise of their functions."—*Journal of Nervous and Mental Diseases.*

CALOMEL AND HOW TO USE IT.—More obloquy has been thrown upon our profession in the name of calomel than from any other cause. The vegetarian, the hydropath, the homœopath and the electrician find in the abuse of it the weightiest argument against the teaching and practice of the regular school. The broken down roué, with his nodes and rheumatoid pains, the debauchee and rum drinker for whom in later years there is no source of positive enjoyment, mingle their voices in condemning it, attributing all their woes to its early employment.

Great mistakes have been made in its reckless use; but this has been the fault of the physician, not of the remedy. A substance to be of therapeutic value must be two-edged—cutting in either direction deeply or not, according to the one that uses it. My object in this article is to show briefly *how* calomel is to be given, to meet certain indications, and thus avoid the sad results of its abuse.

1st. Calomel is given as a purgative, sometimes alone, very often combined with jalap. It is best given at bed-time, followed by a saline before breakfast. The dose is ten or fifteen grains. In constipation associated with "biliousness,"—(a term about as comprehensive as dyspepsia,)—there is no substitute for the mercurial purge. When extra action is required, the addition of ten grains of jalap will suffice. In men who have been drinking to excess for some time, and in others, with appetite impaired, mouth foul, abdomen apparently too full, and, worse than all, loss of energy with melancholy, I have often seen the calomel and jalap powder, followed by the saline, drive away these symptoms in a night.

2d. Calomel is administered as an alterative. Alteratives are mostly given in chronic affections. In giving calomel as such it should be in doses of one grain three times a day until mild ptyalism ensues—a sign of its constitutional effect. It should then be discontinued for a time, or given in smaller doses, so that the poison line is not crossed—so that you do not wander from the domain of efficacy into that of injury, where caries of the jaw, loss of the teeth, and mercurial fever exist—a condition into which the reckless practitioner is apt to draw his patient, and from which arises the obloquy under which this important remedy suffers.

3d. Calomel is administered as an anti-phlogistic in acute diseases, especially inflammations of serous tissues. In acute inflammation of the endocardium, pericardium, peritoneum, and the meninges of the brain, calomel, correctly administered, is the remedy. It should be given in doses of about one-eight of a grain every hour until an impression upon the blood is made. It robs the blood of some of its fibrin, retards aggregation of the red corpuscles and decreases the number and adhesiveness of the white ones.

The above is merely intended as an epitome; but let these broad landmarks guide the student in the use of this two-edged remedy and he will develop its virtues and avoid its poisonous effects.—*Medical Bulletin.*

NEW TREATMENT OF OZÆNA.—A German writer, Gottstein, considers the origin of ozæna as due to a process of atrophy in the mucous membrane of the part, analagous to that in the pharynx, described as rarefacient dry catarrh of the pharynx, (pharyngitis sicca) by Wenet in Ziemssen's Cyclopædia, and he believes that ozæna is "a constant symptom of that stage of chronic rhinitis in which atrophy of the nasal mucous membrane has occurred, and in which, probably in consequence of the destruction of the mucuous glands, a diminution and alteration of the secretion takes place in such a way that the product of the latter remains, in consequence of its quick drying up, adherent to the mucous membrane, is not removed by the natural forces, and passes over into fetid decomposition." The remedy which the author recommends consists in the simple occlusion of the diseased part by means of a wad tampon (the part having generally been cleaned before), which is to remain about twenty-four hours in the nose. It does not give rise to any troublesome symptoms, the patients feeling on the contrary soon very much relieved by it. One side ought to be occluded only at the time, and the other within the next twenty-four hours, whilst the first remains free during that time. The author has obtained excellent results on fifteen patients thus treated within a very short time.—*London Medical Record.*

IODOFORM AS AN EXTERNAL ANTI-PYRETIC.—In an article in the *Deutsche Medicinische Wochenschrift* Dr. Colsfeld, of Bremen, describes a case in which he accidentally found that the external application of iodoform was followed by a lowering of temperature. The subject was a phthisical patient; whose temperature had risen to 103.4 degrees Fahr. He complained of troublesome, ill-defined pains in the left front of the chest, for the relief of which, other means having failed, iodoform collodion (having a strength of 33 3 per cent.,) was applied. The next day the temperature had fallen to 98.6°, and the pain in the chest had entirely disappeared. The iodoform was omitted, and the temperature again rose; but it fell when the iodoform collodion was re-applied, the strength now used being but 10 per cent. The odor being unpleasant, the patient discontinued the application two days, but the febrile symptoms set in so energetically that he again had resource to the remedy, and with marked relief.

Dr. Colsfeld did not notice any ill effects from the application, but thinks the expectoration was reduced in quantity. He refers to the experiments of Binz, who, by the internal administration of iodoform, reduced the respiration, pulse and temperature.

IMITATION KOUMISS.—Fill into a strong champagne bottle, good, fresh, unboiled cow's milk to such a height that after the addition of 30 grammes (1 oz.) of granulated or powdered sugar, there would still be left at least an inch of empty space below the cork. Before corking, add a piece of fresh compressed yeast; a teaspoonful of good beer yeast may be taken. The contents of the bottle are well shaken, repeatedly, then the bottle is placed in the cellar, where they are turned up and down a few times during the day. From and after the fifth day the mixture is ready, and may be drunk to about the twentieth day. It is best to prepare about six bottles at a time, re-filling each after it has been emptied and cleaned, so that treatment, after being begun, may not be interrupted. On opening the bottles the contents are very apt to foam over, hence the bottle should be opened while held over a plate. A good milk wine or kumys should have a homogeneous appearance, of the consistence of thin cocoa, should be effervescent when poured out, of an acidulous, agreeably vinous odor and taste, and should not be full of lumps or taste like buttermilk. On first using koumiss it produces loose bowels, but this effect soon passes off.

COFFEE IN TYPHOID FEVER.—Dr. Guillasse, of the French navy, in a paper, "*De la Fievre Typhoide*," has the following:

"Coffee has given us an unhoped-for satisfaction; after having dispensed it we find, to our great surprise, that its action was as prompt as it was decisive. No sooner have our patients taken a few tablespoonsful of it than their features become relaxed and they come to their senses. The next day the improvement is such that we are tempted to look upon coffee as a specific against typhoid fever. Under its influence the stupor is dispelled, and the patient rouses from the state of somnolency in which he has been since the invasion of the disease. Soon all the functions take their natural course and the patient enters upon convalescence."

Dr. Guillasse gives to an adult two to three tablespoonsful of strong black coffee every two hours, alternated with one to two teaspoonsful of claret or Burgundy wine. A little lemonade or citrate of magnesia should be taken daily, and, after a little, quinine.

From malaise and cerebral symptoms appearing first, the doctor regards typhoid fever a nervous disease, and the coffee acting on the nerves is peculiarly indicated in the early stages before local complications arise.

Formulary.

ULCERATIONS IN INFANTS.—The following is highly recommended by M. Archambault in all kinds of painful ulcerations, etc., in infants:

℞ Mucilage of quince seeds.... 15 grams,
Extract of rhatany..... 5 grams.

TREATMENT OF PSORIASIS.—To clean away the scalds and prepare the skin for tarry remedies, etc., in psoriasis, nothing, says Dr. Preissman, of Vienna, equals this:

℞ Salicylic acid..... 6 grams,
Rectified alcohol..... 100 grams.

Rub moderately the affected part with this mixture, on some charpie.

SACCHARINE DIABETES.—The experiments of Dr. Fürbringer, in Berlin, seem to show that the two most active agents in reducing the excretion of sugar in this disease are salicylate of soda and carbolic acid.

NIGHT COUGH OF CHILDREN.—In this affection Dr. MacDonald says, in the Edinburgh *Medical Journal*, he has derived great benefit from hydrocyanic acid, prescribed as in the following mixture:

℞ Acidi hydrocyanici dil..... ♏ viij,
Syrupi simplicis..... f. ʒ ij,
Aquæ destillatæ..... f. ʒ ij. M.
Fiat mist.

Sig.—One teaspoonful every four hours.

—*Medical and Surgical Reporter.*

FOR FRECKLES—

℞ Sulphophenate of zinc..... 1 part.
Oil of lemon..... 1 "
Pure alcohol..... 5 "
Collodion..... 45 "

Mix well together by trituration.

ANTISEPTIC BALSAM—

℞ Acidi carbolici pur..... parts 4
Morphiæ muriatis..... " 1
Tr. arnicæ..... " 10
Tr. aconiti..... " 10
Balsami Peruviani..... " 25
Glycerinæ..... " 50

Mix.

FOR WHOOPING COUGH.—Dr. J. J. Caldwell, in the St. Louis *Medical Journal*, recommends that the following be used through a steam atomizer, carrying the spray rapidly over the face and into the mouth and lungs for fifteen minutes, or until the pupils are dilated. The application used three times a day has uniformly cut short the disease in two or three days:

R Ex. belladonnæ fl ..... gtt. vj to xij
Ammonii bromidi..... ʒ j,
Potassii bromidi..... ʒ ij,
Aquæ dest. ..... ʒ ij.

Mix.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Doctors' Dangers.

It may once have been true that the physician's vocation was one of honor and held in high respect by the community. But if it ever occupied this relation it must have been in the days when doctors were philanthropists, pure and simple, when, like virtue, their labors were their own reward, when their fees came in as honorariums and when it was unprofessional to render a bill, and when to have sued for it at law would have been an unheard-of procedure. Since, however, the profession has been placed on a commercial footing as far as reward for services is concerned, there are few, if any, callings more thankless. We would not, of course, be understood as implying that gratitude to the doctor has entirely forsaken the hearts of the people, or that the family physician is never regarded with other feelings or with more respect than if his were merely a commercial or mercenary vocation. His life is still often made happy and the burden of his labors lightened by attachments on the part of his patrons which are never extended to others, but the number by whom he is regarded with the feelings which, if we are to credit tradition and the novelist, he once inspired has, in these latter days, become comparatively small. It has become the rule among the people to place a strictly commercial value on the physician's services, and to reward him, if they reward at all, with grudging when he fails to effect a cure.

But the physician is, furthermore, liable to positive dangers. We do not especially refer to his increased liability to disease from exposure to contagion and infection, to his heroic exposure and death at the post of duty when all beside have fled, to the perils which beset him in treating the vicious and depraved, nor to his exposure to inclement weather and his broken seasons of sleep and repose. These, one would think, would be enough to deter any young man from entering the profession; but there is yet another danger, which, though not directly inimical to life, nevertheless frequently infringes on liberty and the pursuit of happiness. We refer to his liability to suits for malpractice, and to criminal prosecution. Nature is the physician's powerful ally, and, doubtless, in the majority of cases is entitled to the largest meed of praise. Without her innate capability of setting herself right when she becomes disturbed, medicine would, in a very literal sense of the term, be a dead science. But it occasionally happens that she is unable to restore herself, and it is then, being herself a very intangible and pecuniarily irresponsible agent and execution proof, that the doctor comes in for the brunt of the blame. This blame not unfrequently takes the form of an action at law for damages. There is a *genus homo* (we will be pardoned for the unintentional slur on the race), a sort of human vampire, who initiate and encourage actions of this nature, and who justify their doing so on the plea that they are lawyers, and it is therefore their privilege to levy this species of blackmail. Their plan is first to urge the doctor to "settle," and, failing in this, they seek to extort by a resort to law.

Two unusual cases have occurred in this city during the past year, one of which ended in a suit for damages, and the other in a criminal prosecution of the attending physician. The cases are both very interesting as well as instructive, and one illustrates a new danger to which doctors are liable. The first case was that of a physician who, having been called to attend an accouchement, made the usual examination, and, having administered a dose of ergot, left the patient to attend some other calls in the vicinage. During his absence the pains came on with a considerable degree of

severity, and he returned just after the head had been expelled. The child was still-born and efforts to revive it proved unavailing. The father of the child manifested great grief at its loss, and placing his estimate of its value at $20,000, commenced an action for the recovery of that amount. Of course it required only an examination of the case to demonstrate its baselessness, and the judge did not even allow it to go to the jury. The annoyance, however, and the expense of preparing and retaining lawyers for the defense were considerable. The physician in question was a reputable and qualified practitioner and a gentleman of high standing in the community, but his reputation was not sufficient to save him from attack. The fact that he administered ergot was *prima facie* evidence that it was necessary, and the profession will not be properly protected in its rights until a thorough course of instruction and graduation from a reputable medical college is regarded as sufficent protection, in the eyes of the law, against suit for malpractice.

The other case to which we refer illustrates, as we have said, a new danger to which physicians are liable. A married woman sent for her family physician to consult him in reference to a fœtid discharge *per vaginam*. The nature of the discharge and a knowledge of the fact that the woman was syphilitic convinced the physician that the trouble arose from a dead fœtus, the woman being about three months advanced in pregnancy. Means were instituted, with success, to remove the mass. Through some means the report that an abortion had been procured came to the ears of the authorities, who at once instituted an investigation, which resulted in the physician's honorable discharge from the arrest under which he had been placed. The annoyance, however, and the stigma of arrest for a crime second only in turpitude to murder itself, remain, and there are no means of redress.

It is difficult to suggest a remedy against evils such as these, and they will probably always remain among the dangers to which doctors are liable.

Miscellany.

FASTS AND FESTIVALS.—The London *Lancet* discusses these religious and disciplinary ceremonials in their physiological bearings. In days when the food of the people was, in its several classes, monotonous, and, therefore, wearying from the sense of sameness—among some orders and conditions of men being scant and poor, among others, redundant and too rich—the strict observance of fasts and feasts was decidedly advantageous. The use of fish in Lent at once encouraged the fishermen and ministered to the nutrition of the people. The season of abstinence, at that time rigidly enforced on the most licentious with dreaded pains and penalties, was not without its uses, while the merriment and high feeding of carnival time, though too often amounting to an orgie, were, on the whole, beneficial. The conditions of life are now changed, and the physiological advantages of prescribed abstinence and almost enjoined excesses are not so apparent, nor, indeed, do the mandates of Mother Church generally command obedience. Nevertheless we are not disposed to regard these systematic departures from the ordinary course of life as unworthy of adoption. In one form or another all but the most robust livers take measures to secure an occasional change of diet, even in these days of composite dishes and ever diversified meals. To those who have not the opportunity of arranging their food supply in conformity with a preconcerted scheme of health, the fasts and festivals of the church may prove convenient auxiliaries. This is, probably, in part, the unconscious reason why these observances have not been suffered to die out under the blighting influence of that scepticism which grows with the national growth, and even seems to exceed it in rapidity and proportionate dimensions.

SUBMISSION TO SUPERIORS.—The cause of religion not unfrequently suffers from the ill-judged actions and words of zealots, who carry about with them cast-iron moulds of their own making, into which they would cram people's conceptions of subjects in regard to which there should be considerable latitude of opinion. Physicians in their rounds sometimes meet with clergymen of this stamp whose moulds are patterned after the dogmas of the particular section of the church militant to which they accidentally belong, and who, it would seem to us, would find no little difficulty in convincing a skeptic of anything beyond the fact that they

are sadly deficient in the qualifications essential to their calling. A clergyman of this type lives in Milwaukee, as we learn from the first Annual Report of the Commission on Health of that city. It appears that orders had been issued by the commission that coffins containing the remains of those who had died of contagious diseases should not be opened at funerals. This order was most humane and sensible, yet it was met by much opposition. One clergyman sent word to the Health Commission that the order was "an interference with Divine Providence." The officer replied that if the clergyman would "produce an authenticated order from Divine Providence that small-pox, scarlet fever, and diphtheria shall not be contagious at funerals, then the Commissioner would consider his order superseded." The reply savors, perhaps, a little of irreverence, but it covered the question completely

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Women as Physicians.—The efforts to secure the admission of women to the medical department of Harvard University, until recently met with no encouragement. It seems, however, that in spite of its assumption of a high plane in matters of principle, even Harvard is not invulnerable to dollars and cents, but, like institutions of less pretense, has its price. A bequest of $10,000 was recently made to it on condition that women be admitted to its Medical College, and though at first the Board of Overseers rejected the bequest with its conditions, the money was a strong temptation, and at a subsequent meeting they resolved that under suitable restrictions women might be admitted, and we shall now, doubtless, soon hear that money succeeded, where argument, though plied for years, failed.

Talking of the woman question, our attention is drawn to a recent letter from Dr. Yandell, now abroad, in which he forcibly gives his views thereon: "I have met two fine English women who have lately returned from their medical studies in France, and at an early day will take their degrees. I see no reason, barring human prejudice, why they should not succeed in the profession they have chosen. Having strong minds, rare education, high professional acquirements, fine presence, and all the ambition and energy that could be desired, what hinders them? For my part, I am strongly inclined to allow—nay, I am in favor of allowing—the fillies an equal chance with the colts in the race for the medical cup and purse."

Hypodermic Injection of Morphia.—Dr. H. H. Kane, of New York city, who has for some time past been collecting statistics on the subject of the hypodermic injection of morphia, will consider it a great favor if the readers of this journal will send replies to the following queries:

1st. How much do you use at one injection?

2d. Do you use it alone or with atropia?

3d. What is the largest amount you have injected at one time?

4th. Have you had inflammation or abscess at the point of puncture?

5th. Have you had any deaths or accidents caused by this instrument?

6th. Do you know of any cases of opium habit thus contracted?

In case of death, please state whether an autopsy was held and the results thereof.

All communications will be considered strictly confidential, the writer's name being used only when he gives his full consent thereto. Address all letters to Dr. H. H. Kane, 366 Bleeker street, New York City.

Toxic Power of the Alcohols.—Dr. L. P. Yandell, of the Louisville *Medical News*, at present in England, gives the following interesting summary of, and comments on a lecture to which he listened at the rooms of the Medical Society of London. Kentuckians are nothing if they are not authorities on the alcoholic question, and their remarks thereon are generally interesting as well as instructive:

Dr. —— gave a lecture on the toxic power of the alcohols. He began by saying that he could not consider all the alcohols, as their name is legion (and he considers them all devils), but he called attention to fourteen species recorded on the blackboard with their chemical symbols attached. I give you the names of a few that he mentioned, which doubtless the readers of the *News* will recognize as familiar sounds: Enanthylic, iropropylic, myrilic, and caprilic are some of the easier names that I took down. Glycerine the lecturer classed as an alcohol and a poison. Now unless glycerine may kill by bursting the patient, given in gallon doses every few moments, it is difficult to believe in its being dangerous, for it has been administered in many-ounce doses daily in consumption and other diseases. He also stated that alcohol largely diluted was more poisonous than when taken neat. Here we have chemical science confirming the old verdict, "died from taking too much water in his whisky." These conclusions are deduced from experiments upon dogs, rabbits, guinea-pigs, and other unhappily organized animals which evidently cannot with comfort or safety use alcoholic beverages or indulge in

the pleasant pastime of hypodermic injections with this lethal fluid. Therefore these creatures should be strictly temperate, or, rather, totally abstinent, not even venturing to take a glycerine toddy at bedtime or a glycerine cocktail before breakfast. Delirium tremens, the lecturer is convinced, is most frequently produced by alcohols from potatoes and corn, and least from the wine alcohols. I have no word to put in for the potato; but when corn-juice is trod upon, so to speak, the Kentuckian is touched in a tender spot. Can Kentucky whisky (O. K. A 1) do any one harm if taken in proper quantity? To be serious, I say yes, confidentially. As a medicine, where ardent spirits is required, our whisky is, I am confident, the purest and best, and sooner or later it must supersede the factitious brandies now employed in Great Britain. There is a fortune for some one who will introduce Kentucky whisky into this country. The alcohol of apple and peach and other fruit alcohols the lecturer pronounced very poisonous. Sulph-hydrate of alcohol distresses the spirits; and in the breath of drunkards, who are prone to despondency, the offensive sulphurous, garlicky odor is commonly present. Hence the lecturer suggests that in the deranged stomachs of drunkards the alcohols may be converted into sulph-hydrate of alcohol, which has quite the smell above described. A vial of this malodorous material was passed among the audience, and it suggested the concentrated bottled breath of a whole family of drunkards. These lectures were given to the Medical Temperance Society. Physiologists tell us that even the best-behaved stomach brews a little alcohol for itself in the process of digestion; and if this be so, may not the blues, melancholia, hypochondria, etc., be the results of sulph-hydrate of alcohol generated in a stomach deranged by disease.

THE CORN DOCTOR'S PROGRESS.—Dr. Edmund Andrews, of Chicago, who has been dealing quackery some telling blows of late in exposing some of the tricks by which it fleeces the unwary, has turned his attention to the corn doctor. He does not, however, regard the "chiropodist" as an unmixed evil, but, on the contrary, thinks he is cultivating an important field which educated physicians have, by default, given over to his exclusive care. Certainly corns, bunions, and the ailments to which the human foot is liable are entitled to more intelligent consideration than is usually accorded them by the average doctor. There is, moreover, scarcely another section of the human anatomy on the ailments of which so little has been written as the foot, and, as Dr. Andrews remarks, most of that which has been written is of "a wretchedly poor quality, and of such a contradictory character, that the less it is read the less it will confuse the student. The absurd and contradictory remarks let slip by some of the most eminent authors are discreditable to our profession."

We have in our city a chiropodist who has occasioned some chagrin to regular physicians, and to some, too, who have a *penchant* for surgery, by removing corns and reducing bunions, and receiving fat fees after they have failed.

Dr. Andrews says of the Chicago corn doctors, that

"They seem for the most part to be pursuing their business in an honest and reputable manner, and some of them have the very best families of the city and of the country among their patrons. They are rising by degress towards the rank of a legitimate and honorable specialty, though at present they are decidedly lacking in the amount of education which they ought to possess. Their work is upon corns, bunions and ingrowing nails. For extracting corns the price is from half a dollar to a dollar each, and they take care of patients by the year for $10 to $20. They have the same obscure and contradictory ideas about the structure of corns, which exist among authors, especially on the question whether there are originally any living papillæ running up through the central spike or "*racine*" of the corn. I have not learned of any investigations among them to settle the point, other than to note the little blood clots occasionally enclosed in the "racine."

Their instruments are simple. One family of chiropodists, which has branches in New York, Boston, St. Louis and Chicago, use mostly thin chisels, with the edges running obliquely across the blade. This is handled with a lateral movement, while a much narrower kind is used to work around and lift out the central root. Some instruments have round ends for working between the toes. After extraction the operator cuts a hole in a small piece of thick buckskin, and applies it over the spot by the help of adhesive plaster, and they thus relieve the patient for two or three months.

They all agree, of course, that faulty shoes are the cause of the corns, and their uniform direction for correct ones is to make the heels low, so that the foot shall not slide down upon the toes; to have it snug on the instep to hold the foot back, and to make the toes wide and long. One of them has a shop attached to his office, where he superintends the construction of proper shoes for his patrons.

A chiropodist named Willard has an operation for ingrowing nail, which may be original; at any rate I have not yet found it in any book. He asserts, what is pretty nearly true, that the term ingrowing nail is a misnomer, the nail itself being unchanged in form. It is simply an overgrowing of the flesh, with inflammation. He neither extracts the nail nor slices off the overlapping flesh, but cuts out a

narrow ellipse of tissue near the nail and parallel to its border, claiming that the border itself, where it rests against the edge of the nail, has its special structure adapted to its location, and ought not to be sacrificed. The removal of the strip of flesh being accomplished, he brings the edges of the wound together with fine sutures, thus drawing the border away from the nail, and effecting a cure. I have not yet tried the plan, but it seems worthy of being tested.

When the chiropodists have made a further advance in education, they will probably add the treatment of talipes to their work, but at present they are neither competent for it nor attempt it, except in a few instances.

They are now in a transition state, but we may hope in time to see them become a well-educated class of men."

YELLOW FEVER THEORIES.—It has been wisely said that no disease is so intractable as that for which the greatest number of certain cures are laid down. The fact that any medicine is recommended as a "certain cure" for any particular disease should at once excite a suspicion of its merit; and this is as true in so-called regular medicine as in quackery. The general idea is applicable to the many theories at present being advanced in regard to yellow fever. Although the board of experts, the National Board of Health, have, so far, failed to commit themselves to any theory regarding the origin of the virus or the spread of the disease, there is no lack of theories among either the laity or the profession. The number and variety of these theories lead us to suspect them all, and the more positive the views advanced the greater the suspicion.

In a clipping from a paper sent us by a friend, the theory advanced is that "if we sow on rocks we sow in vain," and that the yellow fever poison will not grow in any particular human system unless that system has been prepared for it by a particular diet:

"Heat and the specific poison alone are insufficient to produce yellow fever. The presence of a superabundance of carbonaceous material, the result of a too generous diet, or the habitual use of stimulants, is absolutely necessary before the poison can find congenial soil.

"The negro, adapted to a tropical climate, where, from force of circumstances, his diet consists largely of vegetable and farinaceous food, is exempt, but residing in a temperate climate, and using carbonaceous food, returning where yellow fever exists, becomes susceptible to the influence of the poison. On the west coast of Africa, their native country, where they have an abundance of animal food, yellow fever prevails endemically, and 'fatal epidemics among the blacks have been observed.' (Haenisch.) On the coasts of China and India, where the diet consists chiefly of rice and other vegetable food, notwithstanding filth and high temperature, yellow fever has never been observed. Among native white inhabitants of the tropics, whose diet consists mainly of fruits and vegetables, it rarely prevails as an epidemic, and even then the mortality is far less than in higher latitudes.

"It is a notable fact that there is a great deficiency in the amount and variety of fruits in Memphis, and that many of the vegetables are boiled in the same water with pork, which, with other salt meats, are more commonly used than fresh meats during the summer.

"While not underrating the value of cleanliness and good drainage, it will be seen from the above testimony that, although the city of Memphis may be filthy, the water impure, and the yellow fever poison present, it must find the vital force partially overcome by the action of heat on a system overcharged with heat-producing material before it can spread, and that no sanitary precautions, such as are being used where it has obtained such foothold, will effectually suppress it until the people, as individuals, regulate their diet during spring, summer and autumn by the free use of vegetables and fruits, and restrict themselves in use of animal food and stimulants."

Book Notices.

LESSONS IN GYNÆCOLOGY. By William Goodell, A. M., M. D., Physician in Charge of the Preston Retreat, Professor of Clinical Gynæcology in the University of Pennsylvania, etc. With eighty illustrations. 8vo.; pp. 377. Price, cloth, $3.00. Philadelphia: D. G. Brinton.

We have long regarded Dr. Goodell as a unique writer, and withal one of the most polished in the profession. We, therefore, have anxiously awaited the appearance of the book before us since it was first announced, feeling certain of a literary treat if nothing more.

The title of the book, "Lessons in Gynæcology," at first strikes one as odd, but the more one studies and the more he looks into the book, the more is he convinced of the peculiar fitness of the name.

The first lesson is devoted to the consideration of the instruments, "the ordinary working tools" as the author terms them, which the gynæcologist should have with him. Among them we notice that place is given to the cylindrical glass speculum, an instrument which we fear has been too largely superceded by the metallic valvular speculums which have of late years flooded the market. The gynæcologist who has not "invented" a valvular speculum is a *rara avis*, and we fear that between the mul-

titude and variety of these instruments the poor human vagina has been abused and stretched to the loss of much of its original muscular tonicity. We are glad, therefore, to note the fact that so eminent an authority as Dr. Goodell has placed a glass speculum, not longer than 5¼ inches, with its smaller apperture measuring 1¼ inches in diameter, on the list of "working tools."

The various affections to which woman is liable are treated of in a style peculiarly the author's.

Fistulæ of the Female Genital Organs are discussed in the fourth lesson. This is a chapter of much interest, notwithstanding the abundance of the literature previously written on the subject.

It would, of course, be unreasonable to expect a book without flaws, and Dr. Goodell's has several. Notably in the Lesson on Lacerations of the Female Perinæum do we find defects. We have referred in the NEWS to the method devised by Dr. Jenks for secondary operations. This method is doubtless the cleanliest, the neatest, and most expeditious of any heretofore recommended, and yet Dr. Goodell makes no reference to it. Again, he advises that the bowels be confined after the operation. Our readers will remember the excellent results, reported by Dr. Dunster, following free catharsis maintained during the healing of the surfaces. Many other excellent authorities are giving preference to the latter method.

Dr. Goodell believes in calling *a spade a spade*, and therefore discards "Normal Ovariotomy" as the name for Battey's operation. He calls it *spaying*, for spaying it is, neither more nor less, as the removal of the testicles is castration, with nothing "normal" about it.

The four last lessons are on Nerve Tire and Womb Ills, a reprint of the author's inimitable address as President of the American Gynæcological Society: on Some Practical Hints for the Prevention of Uterine Disorders; on The Relation which Faulty Closet Accommodations bear to the Diseases of Women; and on Sexual Relations as Causes of Uterine Disorders. We quote from another reviewer on this last lesson:

"The lesson is an exceedingly valuable one, dealing with most delicate topics, topics having most fundamental relations, not only to good health but to good morals, and yet considering them with plain speech and wise counsels. Sexual excess, the fountain of countless miseries and immoralities, has no more fruitful source than in the unenlightened imagination, the unchecked and impure fancies of youth. The growing boy frequently passes into his physical manhood ignorant of the womanly nature save as he learns it from obscene books or obscene companions. By and by he enters married life, possibly continent to that time, and then gives loose rein to the imperious passion that has grown with his years and strengthened with licentious imagination and lascivious dreams, so often believing that woman is altogether such an one as himself. Most heartily do we wish a truer knowledge of the womanly nature and the womanly character could be imparted to young men! Such a work as Acton on the Reproductive Organs, if not put in Sunday-school libraries, ought to be faithfully read by every youth entering manhood. Knowledge then and thus given would do a vast deal toward repressing licentiousness in its germs, whether that licentiousness be in the home or in the house of prostitution."

It is some time since such a readable book as that which Dr. Goodell has given the profession has been issued, and we mistake the reading physicians of this country very much if this book does not meet with a very large sale. If it does not, it will fail of its desert.

A CLINICAL TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By M. Rosenthal, Professor of Diseases of the Nervous System at Vienna. Translated by L. Putzel, M. D. New York: Wm. Wood & Co.

This is the seventh volume of Wood's Library series. We have neither time nor space, even were we properly qualified as a specialist to do so, to give this work the critical notice its importance merits. The subjects which it discusses are treated of with the thoroughness characteristic of the German school, while its references to authorities display the unusual erudition and industry of the author. The preface of the book is written by Charcot, who says of it "that the subject could hardly have been arranged more harmoniously, nor could the pathological discriptions appear in more vivid and striking colors; but it would be difficult to push further, than has been done in this work, the constant habit of examining questions from all points of view." Such an endorsement by such an authority should justify any one who wants a book on its subject to invest in it.

Paragraphs.

A doctor to his son: "Johnny, wouldn't you like to be a doctor?" "No, father." "Why not, my son?" "Why, father, I couldn't even kill a fly."

The third annual session of the American Dermatological Association will be held in New York, on the 26th, 27th and 28th inst. R. W. Taylor, M. D., Secretary.

The Ohio State Medical Society has, by a unanimous vote, rejected the "metric." We shall reproduce, in a future number, some of the arguments which led to this action.

Ten drops of nitro-muriatic acid, dilute, in a wineglass of water, one hour before eating, is, on the authority of Dr. Lyles, in the *American Practitioner*, a certain cure for urticaria.

The Canadian Medical Association meets at London, Ont., on the first Wednesday in September. Dr. Brodie, of Detroit, is one of the representatives of the American Medical Association to this meeting.

According to the *Medical Record*, litholapaxy, or Dr. Bigelow's method of crushing and removal of stone from the bladder, has been performed in New York thirty-four times, with three deaths.

Public Health is the name of a new journal, a weekly, devoted to the preservation of health. It is edited and issued by Dr. E J. Birmingham, of the *Hospital Gazette*. It contains twelve large double-column pages, and is furnished for $3 a year, in advance.

Louisville is the doctor's Utopia. It has four medical colleges and five medical journals, and almost every doctor within its walls is a professor. The number not connected, in some capacity, with a medical school is about fifteen—just enough to man another college to which the extra journal can act as an organ.

Business must be thriving in Ohio. Brother Baldwin, of the Ohio *Medical Recorder*, is building a new house, and, though we are sorry to learn that the wherewithal thereto does not come from the profits of his paper, we are pleased to hear that the editorial and professional sanctum which it is to contain will be "the most convenient in the city, and, like Gen. Smythe's baby, 'perfect and complete in all its parts.'"

The Boston *Herald* says that a friend of theirs sailed for Europe Sunday. He lives in a New Hampshire village, and before starting on his first voyage consulted the local physician as to remedies against seasickness. The doctor—whose maritime experience has been confined to sundry trips on Lake Winnipiseogee and the crossing of Jersey City ferry when he went to the Centennial—sagely advised, as based on peculiar physical laws, to always breathe with the motion of the ship! We shan't know for some days the result.

Number 1 of volume 1 of the *American Journal of Electrology and Neurology* has been received. The name fully explains the field the journal purposes to cultivate. Dr. John Butler is the editor, and the publication, a quarterly, contains 80 pages, and will be furnished at $2 a year. The editor is evidently a homœopath, but he gives no "provings" of the subtle fluid to justify its use in any given disease; on the contrary, he seems to be quite rational in his use of it.

A local paper gives the following modest account of a pistol shot wound, of the testicle, we should judge: "Tommy G., of Marshall, tried to make a borrowed revolver go off. He succeeded and got a wound that will result in fixing him so that he will not enjoy life hereafter as much as he otherwise might have done; and according to good old Deuteronomy, he will never go to church any more."

In the British House of Lords, recently, the bill for the total abolition of vivisection was rejected by a majority of 81, only 16 voting for it. But the gentle vivisectionist is likely to find his pursuit more difficult in Germany than it has been heretofore, since anti-vivisection societies have been formed for the purpose of interfering with the practice. We learn also, however, that the "hypocritical vivisector" has thus far eluded pursuit, by feigning humanitarianism and getting himself chosen President of the "anti-cruelty societies."

The following quotation is given from Shakespeare to show that massage is not so new a procedure as is supposed, but that it was known at least to the contemporaries of the bard of Avon:

IAGO—My lord has fallen into an epilepsy. This is his second fit; he had one yesterday.

CASSIO—Rub him about the temples.

IAGO—No, forbear; the lethargy must have his quiet course

OTHELLO, iv. 1.

AJAX—I'll knead him; I'll make him supple.

TROILUS AND CRESSIDA, ii, 3.

Original Articles.

Osteomata—Surgical Clinic—Detroit Medical College.

BY H. O. WALKER, M. D.

GENTLEMEN—We present to you to-day two cases of osteomata, or bony tumors. The first, you observe, is situated upon the middle of the fifth metacarpal bone, about the size of a hickory nut. The other at the junction of the middle and lower third of the femur, considerably larger than a regulation base-ball. Both these tumors are upon healthy young men, each aged 19 years, with no evidence of constitutional taint, hereditary or otherwise, and no inconvenience as to their presence, except their unsightliness.

Their growth has been slow, dating back about ten years. The young man with the one on the metacarpal bone attributes its cause to an injury of the elbow, as it commenced to grow shortly after this. The other has no assignable cause. Now, both these young men come here to-day for relief, and the question arises, what shall it be? Your answer is removal. But you must take into consideration that these are innocent tumors and give rise to no inconvenience whatever, only their unsightliness. Now, I have assumed that these tumors are innocent, for, as a rule, they are. Before giving you the treatment, we will briefly allude to their general history.

The term osteomata is generally limited to tumors consisting of bone entirely, yet the formation of bone takes place in other tumors, and more particularly in chondromata, or cartilage tumors, and the probabilities are that if we should remove these tumors we would find them nothing but a bony shell with cartilage and intercellular substance. This variety is sometimes termed spongy exostoses, and is found most generally upon the long bones. The

other variety is termed the ivory exostoses, and is rarely found elsewhere than upon bones of face and skull. Sometimes we find a combination of these varieties. These tumors you see here are solitary, but they are just as liable to be multiple. Both of these osteomata are slightly pedunculated and may be readily enucleated from the body of the bone to which they are attached, or we may find them extending into the medullary substance of the bone. We will now return to the treatment, that is, the operation for removal by means of a chisel or saw. The smaller one I think we can safely recommend to be removed, which we will now do. You will observe, after separating the soft tissues from the bone and removing it with a chain saw, that it consists, as we predicted, of a bony shell, with more or less cartilage and intercellular substance within. As there is no special indication for the removal of the larger one, it will be much better to let it alone, for the operation for its removal would be quite formidable and endanger his life, and this we are not called upon to do, whatever may be the entreaties of our patient. And again, these tumors, after ossification becomes completed, cease to grow.

FISTULA IN ANO.

This patient, German, aged 32 years, complains of pain in his rectum—"piles," a common name for any trouble within or at the anus, and quite a convenient refuge for a *lazy doctor*. Now, to be sure of what is the matter with this man, we will examine him, and a method of examination is quite essential. Always put your patient in a prone condition on his side, thighs flexed upon the body, and the legs upon the thighs, and by the aid of little oil and a judicious use of your fingers and eyes, it is not a very difficult affair to examine a rectum. Separating the buttocks we observe a nipple-shaped opening about two inches to the left of the anus, and further in feel a rounded cord, extending to the anus. Introducing the finger, well oiled, into the rectum, we feel an indurated point about one-half inch above the external sphincter. I will now introduce a prode into the opening and find if it opens internally—a task sometimes impossible, owing to the tortuosity of the canal. However, in this case, it is readily accomplished. Removing the probe and substituting the groove director, bringing the point out at the anus, I take this curved bistoury and cut through the tissue resting upon director, and this completes the operation for a simple case of fistula in ano. This man tells us that about five or six months ago he had an abscess, which broke and discharged both internally and externally. An abscess in the vicinity of the lower portion of the rectum rarely gets well without being followed by a fistula. The origin of these abscesses is often violence, either from hardened fæces or bony spicula penetrating the wall of the gut, and in many cases the origin is idiopathic, due to a vitiated condition of the blood. Whenever you find one of these abscesses, you open it freely, the incision radiating from the anus; possibly it would be good surgery to complete the operation for fistula in ano, yet it is better not to do so, but take the chances, though poor, with the simple opening of the abscess. Where we have fistula of long standing, with many openings, it is not judicious to freely lay open all the sinuses, but a part of them, for the recuperative power of tissues may be overtasked, leaving the conditions worse than they were before, and complete the operation at some other time. In these old, indurated sinuses, it is well to make what Allingham terms the "back cut," that is, by turning the knife up and cutting the other floor of the sinus, in order to promote more rapidly the absorption of this indurated tissue.

The after treatment in this case will be the filling up of this cut with carbolated lint, and renewing it from time to time, thereby allowing the wound to heal from its apex. The rubber ligature has been used with considerable success in these cases, that is, by introducing a rubber ligature through the fistula and tying it tightly externally, allowing it to work its way out by strangulation, which it will do under favorable circumstances in a few days. The operation, in my experience, is attended with considerable pain, and in the majority of cases I prefer the knife.

177 Griswold Street.

Chloral Hydrate.

BY W. H. ROUSE, M. D., DETROIT.

It is often of very much importance to the physician to know peculiarities of the actions of medicines. As I have had a case illustrating to me at least a peculiar symptom from the exhibition of chloral, it may not be unworthy of a passing notice.

Miss J. M., aged about seven years, has usually enjoyed good health—a characteristic of the whole family. From irritation of the bowels she was seized with rather severe convulsions, and chloral hydrate was administered in about average doses. The convulsive actions were promptly controlled, but with the subsidence of the spasms the patient commenced singing, and continued about three hours. The articulation was rather indistinct, but many of the words could be easily recognized. The patient was not drowsy, as if under excessive doses. No other unusual symptom was observed.

This constant singing having never before been observed, caused both physician and friends considerable anxiety, but as no other symptom presented to cause trouble, the musical characteristics were ascribed to the chloral, and the patient watched with more than ordinary interest. As before stated, in about three hours the patient ceased singing, and rapidly recovered.

A case like this, unless the physician possessed

the full confidence of the friends, might cause very much annoyance. Convulsions are at all times sufficiently alarming, but should they be associated with mental aberration or hallucinations, which might cause friends to suspect mania or dementia impending, the situation becomes doubly critical. In such cases, physician after physician might be called, and the patient, from the urgent solicitations of friends, overdosed with medicine, and thereby much more harm than good result from treatment.

Selections.

SELF-LIMITATION OF PHTHISIS.—Dr. Austin Flint read a paper before a recent meeting of the New York Academy of Medicine, giving the result of his observation in cases of phthisis that had completely recovered or ceased to advance. He held that the favorable course of certain cases was due to self-limitation of the disease, as was claimed by him twenty years ago, when he reported twenty-four cases of recovery. During thirty-four years of observation he had collected a sufficient number of cases, ending in recovery, in which there had been either no treatment or treatment that could be considered of a curative character, to prove that the disease in certain instances might be either self-limited or non-progressive after a period. He excluded cases of acute tuberculosis, cirrhosis of the lungs, and interstitial pneumonia. Of 670 cases of phthisis, occurring during thirty-four years, 44 ended in recovery. In 31 cases the disease ceased to progress for varying periods, ranging from several months to several years. He considered the non-progressive as proving that the disease ended, although recovery from the lesion did not take place, and felt justified in adding both together, making in 75 cases out of 670. Of the 44 cases of recovery practically no treatment was pursued in 23; 31 of the cases of arrest, in 15 there was no treatment. In several cases of both groups there was no change in the method of life, and in a considerable number the change was not of such a character as to be important. In regard to prognosis, the symptoms indicating a favorable issue were slight increase in pulse and temperature; small amount of loss of flesh, and a fair appetite; in other words, tolerance of the disease. In regard to the lungs, the more limited the lesion the greater the tendency to limitation; and, although there was limitation in cases of large lesions, the amount of diseased tissue did not admit of restoration.

A SIMPLE METHOD OF TREATING OZÆNA.—Dr. Gottstein, adopting the view of Michel that in ozæna there is enlargement of the nasal cavity from atrophy of the turbinated bones, and that of Wendt, that there occurs an atrophy of the mucous membrane, whence results a quantitative and qualitative alteration of the secretion, with consequent desiccation, putrefaction, and fœtor, recommends the following mode of treatment. He first frees the nose of all secretion by means of the douche, and then introduces into the nasal cavity a tampon of plain cotton wool of the thickness of a finger, and three to five centimetres (1½ to 2 inches) long, in such a way that in the normal position of the head and its usual movements, it is quite invisible. The introduction is easily effected, especially in the numerous cases in which the lower and middle passages are converted into a single wide canal by atrophy of the anterior turbinated bone. The tampon is ordinarily left in for 24 hours, and after a couple of hours patients say that they feel the nose to be moist and in its natural condition. The wool acts both as a mild stimulant, favoring secretion, and as an absorbent of the secretion, hence preventing its desiccation If there be need to remove the secretion it may be drawn into the throat through the posterior nares without disturbing the tampon. If after twenty-four hours the wool be removed, the mucous membrane will be found moist, free from crusts, and de void of any trace of fœtor. The tampon should be renewed every twenty-four hours. With this means of treatment there is great relief to the sensation of frontal oppression and dryness of the throat. If, along with the atrophy, hyperæmia exist, then make use of insufflations of one part of salicylic acid with two of burnt magnesia. This method has been tried by its author in fifteen cases of ozæna, and in all with prompt benefit.—*Gazetta Médica Italiana.*

"THIMBLE-BLISTERING" METHOD OF USING MORPHIA. I shall call this little operation *Thimble-Blistering.* I claim for it very great advantages as compared with the other modes of giving morphia, and especially, in my humble opinion, should it substitute the use of the hypodermic syringe, when we shall have compared the relative value of the two modes. I mention as being of greatest importance, in reference to this mode, absolute safety; secondly, its speedy and efficient action; and thirdly, the absence of the annoying, and sometimes even distressing, symptoms which so frequently follow the use of opium or its preparations. Do not understand me as underrating the true value and great usefulness of the needle syringe, as I have owned and used one constantly until a few years since. But though classed among the bold practitioners, I am free to say that I have never used the syringe without more or less fear and trembling; and on more than one occasion have I agonized and sweated as much as my patient for fear of having overdone the thing at last, and thereby blasted, for some time at least, my professional reputation and aspirations. In the thimble-blistering method, relief having been

obtained, we can wipe away the remaining quantity of morphia with the happy assurance that our patient is in no danger, and in the vast majority of cases, too, he will escape that distressing nausea so often following the use of the remedy when given by the mouth or with the syringe.

I will mention, as some of the minor reasons why I prefer the thimble process, the following: You can find a thimble in any house; anyone can use the method with success and safety; no one objects to its use—there being comparatively no pain and no danger of abscess; and it may be used on any part of the body, from the heel (in the white race) to the crown of the head.

An ordinary sewing thimble, a little loosely picked up raw cotton, enough aqua ammoniæ (strong) to saturate cotton without running out, are the preliminary agents required. Gently press the thimble over the selected spot until sensation of heat has been felt for two or three minutes; wipe away any ammonia which may remain on the surface; now with the finger rub away the superficial skin; apply dry morphia by at first gently rubbing on, and then carefully adding a drop of water. A small quantity of morphia may be repeated at short intervals until your patient feels its effects, or is satisfied with the relief obtained.

Be sure you hold on until you can get the blistered surface. Don't rub at the skin and then apply the ammonia; otherwise your patient will not be impressed with the beauty or comfort of the operation, and on another occasion might throw a damper over your zeal by calling for the syringe, or wishing some other mode to be used. For affections of the face and head, I select the mastoid portion of the temporal bone as being the best point for the application of the blister.

Within the last few years, roughly speaking, I have used this mode probably one hundred times, and in but two cases have I had obstinate nausea, and in these I imprudently used too much morphia. —*J. C. Watson, M. D., in Virginia Medical Monthly.*

CHLORAL.—Dr. S. W. Gould, of Argus, Ind., (*American Medical Bi-Weekly*, July 19th, 1879,) reports a case of chloral poisoning in a strong man, aged about forty years. The chloral was first taken for sleeplessness, with satisfactory results, in doses of 20 to 30 grains, and gradually increased until 180 or more grains were taken daily. The appearance of the face was similar to that produced by alcohol—eyes dull and heavy, and unless actively engaged the man would fall asleep. It improved the appetite, but the secretions were unaffected, except possibly the urine a little increased. The action of the heart was steady and regular, though previously it had been irregular. Towards the last, unless fully stupefied by the drug, he suffered intense neuralgic pains, especially along the right "circumflex, the radial and external saphenous nerves and their branches." The left limbs were free from pain. The bowels were constipated, and the patient had all sorts of hallucinations. Morphine relieved the intensity of the pain, and repeated doses of magnesia sulph. relieved the bowels of an enormous quantity—half a bushel—of fæcal matter, containing scybala. The mind became "clear as a bell" after the bowels moved, but the patient supposed his suffering extended during weeks instead of hours. A speedy recovery resulted, and the chloral habit was suspended.

[From the prompt relief obtained from the action of the bowels in this case, would it not appear that some of the disagreeable symptoms observed were possibly due to constipation ?—ED.]

SPLENOTOMY.—Dr. J. F. Miner (*Buffalo Med. and Surg. Jour.*) on March 24, 1879, removed a spleen weighing 7 pounds 4 ounces, from a woman aged 40 years. The tumor (splenic) extended from the ensiform cartilage to below the pubic bone, and occupied the whole of the anterior portion of the abdominal cavity.

An incision was made along the median line from two inches above the os pubis to one inch above the umbilicus. There being no adhesions, the spleen was easily removed There was a distinct pedicle consisting of the vessels and suspensory ligaments somewhat elongated. The pedicle, secured by double ligature, was fastened at the upper angle of the wound, as in ordinary cases of ovariotomy. The abdomen was sponged out with carbolized water and the wound closed with interrupted sutures. The operation lasted fifteen minutes and very little blood was lost.

The patient was placed in bed, and ¼ grain morphine administered hypodermically. Considerable vomiting and prostration ensued, and death occurred in eighteen hours from exhaustion.

This is supposed to be the first operation for removal of the spleen in this country. In the practice of foreign surgeons, 51 cases are recorded, 21 for chronic enlargement and leucocythæmia, 7 of which were favorable. The remaining 20 were for traumatic causes, and all terminated favorably.

[It is our impression that Prof. G. C. E. Weber, of Cleveland, has once removed the spleen; two or three cases are on record of its partial ablation.—ED.]

PLEURO-PNEUMONIA FOLLOWED BY EMPYÆMA.—Dr. J. W. Clark (*American Med. Bi-Weekly*, July 5th, 1879.) reports a case of pleuro-pneumonia of the left side in a girl aged four years. It was complicated with malaria, and yielded readily to treatment. The patient, who lived eight miles distant, was furnished with medicine, and the friends instructed to report at the office if the case did not

progress favorably. The doctor was recalled in about two weeks and found the intercostal spaces bulging outward, symptoms of septicæmia, and the patient in a critical condition. A free incision was made in a prominent place below the right nipple, and a quart of non-offensive pus escaped. The lung expanded though air passed in and out at the aperture. In the absence of ordinary antiseptics the wound was dressed with a slice of fat bacon, to be frequently changed, and the child directed to remain on the affected side to favor the discharge. The pork kept the wound open. Tonics were given and the child recovered in four weeks without contraction of the sides. This occurred in 1871, and the child has enjoyed good health ever since. Pork, salted, dried and smoked, in this case took the place of tent or drainage tube and the fashionable antiseptic dressing. The results compare favorably with those obtained by the more approved methods necessary to the mother of invention.

KUMYS.—Dr. C. A. H. Szigethy, (Proceedings of King's County Medical Society, July, 1879,) gives the following as the alcoholic strength of kumys:

1st day	1.23 per cent.	5th day	1.85 per cent
2d day	1.65 "	9th day	1.96 "
3d day	1.74 "	16th day	2.01 "
5th month			3.23 per cent.

Good kumys is therefore nearly as strong in alcohol as lager beer, and may be prepared as follows:

Cow's milk (new), 9 litres	9½ quarts
White or grape sugar, 250 grammes	8 ounces
Compressed yeast, 8 grammes	2 drachms

Mix the sugar and milk and heat to 86° Fah. to 90° Fah. Add the yeast, stir for a few minutes and put it up in champagne bottles, not quite full. The bottles should be shaken several times during the next few days. Kumys is properly the milk-wine prepared from mares' milk. The Tartars use the term Airen, or Aijan, when cows' milk is used, as in this country, mares' milk being practically out of market. The composition of Airen will depend much upon the kind and quality of the milk, the amount of sugar used, and the age of the preparation. Many speak very favorably of the nutritive qualities of kumys, and no doubt miraculous cures have been effected by it, but at the same time it may be fairly questioned whether it possesses anything like the valuable qualities of the old-fashioned milk-punch.

THE ORDER IN WHICH THE INTERNAL ORGANS OF THE BODY DECOMPOSE. — Dr. Jno. J. Reese, in *Hospital Gazette* of May 17th, 1879, gives the following as the order in which post mortem decomposition takes place in the human body: 1. Mucous membrane of the trachea and larynx. 2. Brain in children under one year. 3. Stomach; first in discolorations at the fundus, with dirty red spots, which ramnify and cover the mucous membrane. These spots should not be mistaken for evidence of poisoning or of inflammation. 4. Bowels. 5. Spleen, which may retain its integrity for two to three weeks. 6 Omentum and mesentery. 7. Liver. 8. Brain; in adults about the end of the fourth or fifth week. 9. Heart; commencing with columnæ carnæ. 10. Lungs; first shown in the formation of little blebs or bladders of air in the sulci, between the lobes and lobules, resembling strings of beads. 11. Kidneys. 12. Urinary bladder. 13. Œsophagus. 14. Pancreas. 15. Diaphram, which may show green spots on its borders soon after death, but resists further decay for many weeks. 16. Arteries. 17. Uterus, which has been found to retain its shape seven months after death. This may be of service in cases of supposed pregnancy. There are many things which modify post mortem decomposition, such as disease, injuries of the part, warmth, moisture, etc. According to Prof. Caspar, decomposition advances as much in one week in air as two in cold water or eight in earth. There is also considerable difference in individuals as well as surroundings.

PRESERVATION OF BUTTER.—The Italian Minister of Agriculture, Industry and Commerce, has addressed a communication to the Chamber of Commerce of Milan relative to the renewed experiments in salting butter with borax, which have been carried out at the Agricultural Station at Florence. Borax would appear to have a most marvelous effect in insuring its absolute preservation. Samples of fresh butter made at the Florence Station, and purposely not carefully freed of the buttermilk, were found, on the addition of about 8 per cent. of borax, to maintain their natural fine flavor without the least change whatever for upwards of three months. To attain this satisfactory result, it is necessary that the borax should be perfectly dry and in very fine powder, and care must be taken to insure its thorough mixture with the whole mass of the butter operated on. Among the further advantages of this plan, it is noted that borax imparts no flavor of any kind to the butter, while it is entirely harmless in its nature, and also reasonably cheap. Still later experiments have shown that a very much smaller proportion of borax suffices to produce the desired effect, and, also, that simple solutions of the salt act quite as well as the dried powder.

PARTIAL DISLOCATION OF THE FOURTH CERVICAL VERTEBRA, DUE TO MUSCULAR ACTION —Dr. John A. Wyeth, in *Hospital Gazette*, July 5th, 1879, reports a lady, while bathing, had her face turned sharply to the left, and the right forearm over the right shoulder, sponging between the scapulæ. While in the position, a sudden and intense pain oc-

severity, and he returned just after the head had been expelled. The child was still-born and efforts to revive it proved unavailing. The father of the child manifested great grief at its loss, and placing his estimate of its value at $20,000, commenced an action for the recovery of that amount. Of course it required only an examination of the case to demonstrate its baselessness, and the judge did not even allow it to go to the jury. The annoyance, however, and the expense of preparing and retaining lawyers for the defense were considerable. The physician in question was a reputable and qualified practitioner and a gentleman of high standing in the community, but his reputation was not sufficient to save him from attack. The fact that he administered ergot was *prima facie* evidence that it was necessary, and the profession will not be properly protected in its rights until a thorough course of instruction and graduation from a reputable medical college is regarded as sufficent protection, in the eyes of the law, against suit for malpractice.

The other case to which we refer illustrates, as we have said, a new danger to which physicians are liable. A married woman sent for her family physician to consult him in reference to a fœtid discharge *per vaginam*. The nature of the discharge and a knowledge of the fact that the woman was syphilitic convinced the physician that the trouble arose from a dead fœtus, the woman being about three months advanced in pregnancy. Means were instituted, with success, to remove the mass. Through some means the report that an abortion had been procured came to the ears of the authorities, who at once instituted an investigation, which resulted in the physician's honorable discharge from the arrest under which he had been placed. The annoyance, however, and the stigma of arrest for a crime second only in turpitude to murder itself, remain, and there are no means of redress.

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Miscellany.

FASTS AND FESTIVALS.—The London *Lancet* discusses these religious and disciplinary ceremonials in their physiological bearings. In days when the food of the people was, in its several classes, monotonous, and, therefore, wearying from the sense of sameness—among some orders and conditions of men being scant and poor, among others, redundant and too rich—the strict observance of fasts and feasts was decidedly advantageous. The use of fish in Lent at once encouraged the fishermen and ministered to the nutrition of the people. The season of abstinence, at that time rigidly enforced on the most licentious with dreaded pains and penalties, was not without its uses, while the merriment and high feeding of carnival time, though too often amounting to an orgie, were, on the whole, beneficial. The conditions of life are now changed, and the physiological advantages of prescribed abstinence and almost enjoined excesses are not so apparent, nor, indeed, do the mandates of Mother Church generally command obedience. Nevertheless we are not disposed to regard these systematic departures from the ordinary course of life as unworthy of adoption. In one form or another all but the most robust livers take measures to secure an occasional change of diet, even in these days of composite dishes and ever diversified meals. To those who have not the opportunity of arranging their food supply in conformity with a preconcerted scheme of health, the fasts and festivals of the church may prove convenient auxiliaries. This is, probably, in part, the unconscious reason why these observances have not been suffered to die out under the blighting influence of that scepticism which grows with the national growth, and even seems to exceed it in rapidity and proportionate dimensions.

SUBMISSION TO SUPERIORS.—The cause of religion not unfrequently suffers from the ill-judged actions and words of zealots, who carry about with them cast-iron moulds of their own making, into which they would cram people's conceptions of subjects in regard to which there should be considerable latitude of opinion. Physicians in their rounds sometimes meet with clergymen of this stamp whose moulds are patterned after the dogmas of the particular section of the church militant to which they accidentally belong, and who, it would seem to us, would find no little difficulty in convincing a skeptic of anything beyond the fact that they

are sadly deficient in the qualifications essential to their calling. A clergyman of this type lives in Milwaukee, as we learn from the first Annual Report of the Commission on Health of that city. It appears that orders had been issued by the commission that coffins containing the remains of those who had died of contagious diseases should not be opened at funerals. This order was most humane and sensible, yet it was met by much opposition. One clergyman sent word to the Health Commission that the order was "an interference with Divine Providence." The officer replied that if the clergyman would "produce an authenticated order from Divine Providence that small-pox, scarlet fever, and diphtheria shall not be contagious at funerals, then the Commissioner would consider his order superseded." The reply savors, perhaps, a little of irreverence, but it covered the question completely

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Women as Physicians.—The efforts to secure the admission of women to the medical department of Harvard University, until recently met with no encouragement. It seems, however, that in spite of its assumption of a high plane in matters of principle, even Harvard is not invulnerable to dollars and cents, but, like institutions of less pretense, has its price. A bequest of $10,000 was recently made to it on condition that women be admitted to its Medical College, and though at first the Board of Overseers rejected the bequest with its conditions, the money was a strong temptation, and at a subsequent meeting they resolved that under suitable restrictions women might be admitted, and we shall now, doubtless, soon hear that money succeeded, where argument, though plied for years, failed.

Talking of the woman question, our attention is drawn to a recent letter from Dr. Yandell, now abroad, in which he forcibly gives his views thereon: "I have met two fine English women who have lately returned from their medical studies in France, and at an early day will take their degrees. I see no reason, barring human prejudice, why they should not succeed in the profession they have chosen. Having strong minds, rare education, high professional acquirements, fine presence, and all the ambition and energy that could be desired, what hinders them? For my part, I am strongly inclined to allow—nay, I am in favor of allowing—the fillies an equal chance with the colts in the race for the medical cup and purse."

Hypodermic Injection of Morphia.—Dr. H. H. Kane, of New York city, who has for some time past been collecting statistics on the subject of the hypodermic injection of morphia, will consider it a great favor if the readers of this journal will send replies to the following queries:

1st. How much do you use at one injection?

2d. Do you use it alone or with atropia?

3d. What is the largest amount you have injected at one time?

4th. Have you had inflammation or abscess at the point of puncture?

5th. Have you had any deaths or accidents caused by this instrument?

6th. Do you know of any cases of opium habit thus contracted?

In case of death, please state whether an autopsy was held and the results thereof.

All communications will be considered strictly confidential, the writer's name being used only when he gives his full consent thereto. Address all letters to Dr. H. H. Kane, 366 Bleeker street, New York City.

Toxic Power of the Alcohols.—Dr. L. P. Yandell, of the Louisville *Medical News*, at present in England, gives the following interesting summary of, and comments on a lecture to which he listened at the rooms of the Medical Society of London. Kentuckians are nothing if they are not authorities on the alcoholic question, and their remarks thereon are generally interesting as well as instructive:

Dr. —— gave a lecture on the toxic power of the alcohols. He began by saying that he could not consider all the alcohols, as their name is legion (and he considers them all devils), but he called attention to fourteen species recorded on the blackboard with their chemical symbols attached. I give you the names of a few that he mentioned, which doubtless the readers of the *News* will recognize as familiar sounds: Enanthylic, iropropylic, myrilic, and caprilic are some of the easier names that I took down. Glycerine the lecturer classed as an alcohol and a poison. Now unless glycerine may kill by bursting the patient, given in gallon doses every few moments, it is difficult to believe in its being dangerous, for it has been administered in many-ounce doses daily in consumption and other diseases. He also stated that alcohol largely diluted was more poisonous than when taken neat. Here we have chemical science confirming the old verdict, "died from taking too much water in his whisky." These conclusions are deduced from experiments upon dogs, rabbits, guinea-pigs, and other unhappily organized animals which evidently cannot with comfort or safety use alcoholic beverages or indulge in

severity, and he returned just after the head had been expelled. The child was still-born and efforts to revive it proved unavailing. The father of the child manifested great grief at its loss, and placing his estimate of its value at $20,000, commenced an action for the recovery of that amount. Of course it required only an examination of the case to demonstrate its baselessness, and the judge did not even allow it to go to the jury. The annoyance, however, and the expense of preparing and retaining lawyers for the defense were considerable. The physician in question was a reputable and qualified practitioner and a gentleman of high standing in the community, but his reputation was not sufficient to save him from attack. The fact that he administered ergot was *prima facie* evidence that it was necessary, and the profession will not be properly protected in its rights until a thorough course of instruction and graduation from a reputable medical college is regarded as sufficent protection, in the eyes of the law, against suit for malpractice.

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severity, and he returned just after the head had been expelled. The child was still-born and efforts to revive it proved unavailing. The father of the child manifested great grief at its loss, and placing his estimate of its value at $20,000, commenced an action for the recovery of that amount. Of course it required only an examination of the case to demonstrate its baselessness, and the judge did not even allow it to go to the jury. The annoyance, however, and the expense of preparing and retaining lawyers for the defense were considerable. The physician in question was a reputable and qualified practitioner and a gentleman of high standing in the community, but his reputation was not sufficient to save him from attack. The fact that he administered ergot was *prima facie* evidence that it was necessary, and the profession will not be properly protected in its rights until a thorough course of instruction and graduation from a reputable medical college is regarded as sufficent protection, in the eyes of the law, against suit for malpractice.

The other case to which we refer illustrates, as we have said, a new danger to which physicians are liable. A married woman sent for her family physician to consult him in reference to a fœtid discharge *per vaginam*. The nature of the discharge and a knowledge of the fact that the woman was syphilitic convinced the physician that the trouble arose from a dead fœtus, the woman being about three months advanced in pregnancy. Means were instituted, with success, to remove the mass. Through some means the report that an abortion had been procured came to the ears of the authorities, who at once instituted an investigation, which resulted in the physician's honorable discharge from the arrest under which he had been placed. The annoyance, however, and the stigma of arrest for a crime second only in turpitude to murder itself, remain, and there are no means of redress.

It is difficult to suggest a remedy against evils such as these, and they will probably always remain among the dangers to which doctors are liable.

Miscellany.

FASTS AND FESTIVALS.—The London *Lancet* discusses these religious and disciplinary ceremonials in their physiological bearings. In days when the food of the people was, in its several classes, monotonous, and, therefore, wearying from the sense of sameness—among some orders and conditions of men being scant and poor, among others, redundant and too rich—the strict observance of fasts and feasts was decidedly advantageous. The use of fish in Lent at once encouraged the fishermen and ministered to the nutrition of the people. The season of abstinence, at that time rigidly enforced on the most licentious with dreaded pains and penalties, was not without its uses, while the merriment and high feeding of carnival time, though too often amounting to an orgie, were, on the whole, beneficial. The conditions of life are now changed, and the physiological advantages of prescribed abstinence and almost enjoined excesses are not so apparent, nor, indeed, do the mandates of Mother Church generally command obedience. Nevertheless we are not disposed to regard these systematic departures from the ordinary course of life as unworthy of adoption. In one form or another all but the most robust livers take measures to secure an occasional change of diet, even in these days of composite dishes and ever diversified meals. To those who have not the opportunity of arranging their food supply in conformity with a preconcerted scheme of health, the fasts and festivals of the church may prove convenient auxiliaries. This is, probably, in part, the unconscious reason why these observances have not been suffered to die out under the blighting influence of that scepticism which grows with the national growth, and even seems to exceed it in rapidity and proportionate dimensions.

SUBMISSION TO SUPERIORS.—The cause of religion not unfrequently suffers from the ill-judged actions and words of zealots, who carry about with them cast-iron moulds of their own making, into which they would cram people's conceptions of subjects in regard to which there should be considerable latitude of opinion. Physicians in their rounds sometimes meet with clergymen of this stamp whose moulds are patterned after the dogmas of the particular section of the church militant to which they accidentally belong, and who, it would seem to us, would find no little difficulty in convincing a skeptic of anything beyond the fact that they

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Their growth has been slow, dating back about ten years. The young man with the one on the metacarpal bone attributes its cause to an injury of the elbow, as it commenced to grow shortly after this. The other has no assignable cause. Now, both these young men come here to-day for relief, and the question arises, what shall it be? Your answer is removal. But you must take into consideration that these are innocent tumors and give rise to no inconvenience whatever, only their unsightliness. Now, I have assumed that these tumors are innocent, for, as a rule, they are. Before giving you the treatment, we will briefly allude to their general history.

The term osteomata is generally limited to tumors consisting of bone entirely, yet the formation of bone takes place in other tumors, and more particularly in chondromata, or cartilage tumors, and the probabilities are that if we should remove these tumors we would find them nothing but a bony shell with cartilage and intercellular substance. This variety is sometimes termed spongy exostoses, and is found most generally upon the long bones. The

the pupil a large surface of iris is exposed, which, with the quickened circulation, hastens the absorption from the anterior chamber. In one case of hemorrhage into the anterior and vitreous chambers, the result of a severe fall which caused rupture of the cornea and escape of the crystalline lens with vitreous humor, eserine caused rapid absorption of the blood; but before the process was completed other hemorrhages occurred, and the final result was nil.

Dr. Eugene Smith, of this city, has used eserine as an adjuvant in the treatment of purulent ophthalmia, and found that it diminished the purulent secretion, lessened the dangers to the cornea and shortened the duration of the disease.

From what we know at present concerning the action of eserine in ophthalmic practice we may draw the following conclusions: Eserine acts as a powerful myotic; it exercises a marked influence over contractions of the ciliary muscle, and through this it increases the refraction of the eye, rendering even a hyperopic eye myopic for a few hours; it diminishes the caliber of the ciliary vessels; in most cases, if not in all, it reduces abnormal intra-ocular tension and often brings the tension below the normal; it diminishes the lachrymal and conjunctival secretions, probably through its action on the blood vessels; it strongly antagonizes belladonna, or its alkaloid, atropia; it restores, temporarily, lost power of the ciliary muscle and of the sphincter pupillæ, whether the paralysis be due to the use of atropia or to lesions of the third nerve; and finally, in some cases, after prolonged use of the remedy, it seems to produce an exhaustion of the ordinary contractile power of the sphincter pupillæ, for after the effects of the eserine pass away the pupil for a time becomes larger than it would be were the eserine not used at all.

52 Lafayette ave., Detroit.

Selections.

A NEW ANTISEPTIC.—A new antiseptic agent has appeared in Germany, which, if the statements regarding it are true, is one of the most important yet discovered. It is a double salt of borate of potassium and sodium, and is made by dissolving in water equal quantities of chloride of potassium, nitrate of sodium and boracic acid, and evaporating to dryness after filtering. Its cost is about twenty-five cents a pound, and its use in foods, etc., does not in the least injuriously affect them, and gives no taste or smell to substances. It has been extensively employed already by butchers, sausage makers, tanners, etc., but its most important use is at present in the manufacture of butter and cheese from sweet milk. When butter is made from sweet milk in the ordinary manner, the milk must be kept very cold; when the "preserving salt," as it is called in German, is used, the milk may be kept at ordinary temperature without souring; the remaining sweet milk may be worked up into a superior quality of cheese. If fifteen grains of the salt are added for each quart of milk, the latter will keep sweet for at least a week. Fresh meat, game, etc., may be preserved by dipping it into a solution of one pound of the salt in six pints of water. When the meat is intended to be kept for a long period, it is rubbed well with the powdered salt in the proportion of one and one-half drachms to each two pounds of meat. In twenty-four hours the impregnation is completed, and it only needs to be dried. A piece of meat prepared in this manner in January, 1877, was in perfectly good condition in January, 1879. For pickling, the meat is prepared in the same manner, and then placed between layers of a mixture of two pounds of common salt, one-half pound of preserving salt and one-fourth pound of sugar. In this way the largest hams can be salted in four days. For preserving skins, from one-half to two pounds is used, according to size. Eggs are placed for fifteen minutes in a solution of one ounce of the salt in a quart of water. To preserve beer, wine, etc., it is sufficient to rinse the bottles, previous to filling them, with a solution of the salt in the proportion of one to ten, and adding to the beverage itself eight grains per quart. For fish, lobsters, oysters, fruit and vegetables the preparation has also been used with the best success.

DRUG SMOKING.—Our readers are aware that medicated cigarettes, for use in asthma, catarrh and kindred diseases, have become popular of late, and it is an interesting question whether this mode of administering drugs has any special therapeutical value. Dr. R. E. Thompson has been led to investigate the subject, and gives the results of his experiments in a paper in the London *Practitioner*. He says that the simplest and surest method of combining medicinal agents, so that the smoke may be inhaled and brought into contact with the blood vessels of the lungs, is by using paper soaked in a weak solution of nitre, dipped afterwards into the tinctures or solutions of the drugs to be administered, and rolled into cigarettes of uniform size. The paper most suitable for the purpose was found to be Swedish filtering paper, which burnt freely and gave out but little odor. The scent of the smoke was, however, so disagreeable that it was necessary to disguise it, and the following formula represents the basis of each cigar. Swedish filtering paper, size 4 in. by 2½ in.; nitre, ½ gr.; tincture of tobacco (1 in 8) 10 minims; ol. anis., ½ minim. A solution of the drug to be experimented on is then prepared, the paper floated on the solution, dried and cut to any required size. An eight of a grain of opium produced effects which were too intense, and 1-64th of a grain of extract of opium was found to be sufficient for the initial dose. Cigarettes with this amount of

opium were smoked by four healthy men, and in a few minutes a decided effect of dizziness was produced. Not more than half the quantity of the drug can have been retained in the lungs. Short accounts are given of nine cases in which this preparation proved useful. In the first, eleven hours sleep were obtained by smoking half a cigarette.

Dr. Thompson sums up his conclusions as to the administration of opium in this manner:

The smoking of opium is especially adapted to cases of harrassing cough; the topical effect of the drug is immediately obtained without any part of the dose being wasted on other tissues; moreover, this mode avoids those objectionable effects which are a bar to the use of the drug when it has to be given by the mouth into the stomach. Opium smoking is peculiarly useful in those cases of laryngeal ulceration in which all attempts at deglutition are accompanied with extreme pain. and the topical effect of the anodyne is chiefly sought. – *Boston Jour. of Chemistry.*

MEMORY.—(*Le Progrès Médical*, 19 July, 1879.) M. Delaunay read a communication upon memory studied under diverse biological conditions, at the session of the Biological Society of Paris, of July 12th. His data were derived from teachers, tutors, professors, examiners and theater prompters.

The inferior races of men, Negroes, Chinese, etc., have more memory than the superior. The primitive races, who do not know how to write, have an incredible memory, and for centuries transmit in this way hymns more voluminous than the Bible. Prompters and professors of declamation know that women have more memory than men. French women learn foreign languages more quickly than their husbands. Adolescents have more memory than adults. Memory is greatly developed in children, attains its maximum at fourteen or fifteen years, and then decreases. Feeble, lymphatic individuals have more memory than the vigorous. Collegians who, in the higher classes, obtain the prizes for memory and recitation, take these only. Parisian students have less memory than those from the provinces. At the normal schools, at Val de Grâce and elsewhere, those students who have the best memory are not the most intelligent. Memory is more developed in peasants than in denizens of cities, more in ecclesiastics than in the laity. Memory remains intact in diseases of the left lobe of the brain, and is greatly affected in those of the right lobe; which proves that the right lobe has more memory than the left.

From a physiological point of view, memory is diminished by alimentation, by physical exercise and by education in the sense that the illiterate have more memory than those who know how to read and write. We have more memory in the morning than in the evening; in summer than in winter; in hot countries than in cold climates. Hence, to a certain extent, memory is in inverse proportion to nutrition. Moreover, it is in inverse proportion to evolution, for it is at its maximum in individuals little advanced in evolution; inferior races, women, children, the feeble, in the right lobe of the brain. In conclusion, according to M. De launay, there is an evolution of memory which is at first sensorial or verbal, and, finally, intelligent; but memory, properly speaking, diminishes in the course of this evolution.

DILATATION OF THE HEART FROM DIGESTIVE TROUBLES.—(*Jour. de Med. et de Chir. Pratiques*, July, '79.)—M. Potain frequently lays stress upon a cause of cardiac palpitation and even of dilatation which often passes unperceived or is misconstrued; this is simple dyspepsia, or rather an affection of the liver and stomach. In fact, in dyspepsia the symptoms may be manifested in the way of the innervation of the pneumogastric, and determine dyspnœa and palpitation. The dyspnœa is often accompanied by the so-called gastric cough, and is, most often improperly, attributed to the distension of the stomach. The true causation belongs to a certain degree of irritation of the pneumogastric which leads often to palpitation likewise. These palpitations of dyspeptic origin are, perhaps, those that we have occasion to observe most often; they are even sometimes accompanied by cardiac dilatation, a dilatation, in fact, that may be met with whenever the stomach or liver is affected. M. Potain has observed numerous examples of this. A woman is now in his service who has a persistent gastric derangement. She complains especially of palpitation and oppression. A considerable dilatation of the heart may be demonstrated to exist in this case, a dilatation that appears to be caused by the gastric trouble and which will probably disappear with the latter. This fact has a great importance, for the case ought to be treated as one of gastric derangement, while if we give digitalis we shall only aggravate it. In another patient the same symptoms are found related to hypertrophy of the liver; the heart being voluminous because of the dilatation of its right cavities; there is no valvular affection. On the other hand, the lungs are perfectly healthy and in no way connected with the cardiac dilatation. Hence, it must be admitted in these cases that the diseased liver, like the stomach, reacts upon the functioning of the right heart and operates in this way.—*St. Louis Clinical Record.*

NERVOUS DYSPEPSIA.—W. O. Leube states that many healthy persons experience peculiar nervous symptoms, as cerebral congestion, disinclination to work, weariness, fullness in the epigastrium, etc., immediately after eating.

These symptoms appear too soon after meal-time to attribute them to the absorption of certain products of digestion (*e. g.*, lactic acid), causing a self-

poisoning of the nervous system. It is more likely that they depend upon direct irritation of the nerves of the stomach by mechanical irritation from the ingesta; it is known that in physiological experiments the general nervous system is sometimes affected by direct irritation of the gastric nerves. The symptoms above-mentioned become pathological when they reach a certain point, which they usually do as a result of perceptible gastric troubles, as catarrh, ulcer, cancer, etc., but occasionally without any perceptible cause, in which case Leube calls the affection nervous dyspepsia. The condition is usually found in persons whose nervous system is easily excitable, in the upper classes, during the earlier years of puberty, and frequently accompanying other nervous troubles.

This affection is distinguished from catarrh in that the appetite and digestion are undisturbed; from cancer of the stomach by the age, and the absence of cachexia or tumor; from ulcer by the absence of pain and by the happy effect of electricity; finally, it is distinguished from enlargement of the stomach by physical examination (Leube's examination with the sound). The prognosis of nervous dyspepsia is not very favorable, and we must often be satisfied with relieving the condition without being able to cure it.

The treatment consists in easily digestible diet, ice, quinine, electricity, hydropathy. In one case ergotin acted favorably. As a subsequent regimen, sea-bathing or mountain air may be recommended.—*Med. Times.*

A Case of Suffocation from Ascarides in the Air-Passages.—A child of five years, suffering from constipation, vomited an ascaris; castor-oil was administered, and also vomited without producing any effect. In the following night vomiting suddenly occurred again, and the child raised himself up in bed and fell back, dead. Previous dyspnœa was not observed. The autopsy showed an ascaris doubled twice upon itself, jammed in the larynx and trachea. The worm was eight inches in length, and was looped with other worms at its lower end. Other ascarides were found in the œsophagus. (P. Donati, in *Cbl. f. Chirurgie*, No. 28, 1879; from an Italian source).—*Med. Times.*

Danger from Suspension in the Treatment of Pott's Disease of the Spine.—Dr. Julius Cæsar reports in the London *Lancet*, May, 1879, a case in which a boy between two and three years of age was suspended *a la mode* Sayre for about ten minutes, while a plaster jacket was being applied. The child cried during the whole operation—nothing unusual—but when the buckles were unfastened the head fell helplessly on the shoulder, the child was pulseless and apparently dead. The usual remedies for suspended animation were used and the patient recovered.

Query: How much longer suspension would have been required to place this child beyond the benefits of restoratives?

Death has resulted from hanging, but in most cases the victims have been great sinners, and possibly were not favored with the modern scientific appliances.

Extempore Cupping.—Take a piece of common paper, of the size of the opening of the cupping-glass, and dip it into warm water before applying it. The paper being damp the skin is kept cool, and prevents, by the evaporation of the water, the too extensive spreading of the vacuum. If the same piece of paper be used twice, it must be dipped in water before the second application. As far as the cupping-glasses are concerned, a large number of household articles which can be had everywhere, such as tumblers, jam-pots, etc., may take their place if the paper be applied to them in the way we have described. Half a dozen similar recipients, which are from three to five inches deep and wide, if applied at once, and the vacuum renewed every two or three minutes, will, in about a quarter of an hour, produce a most prodigious effect.—*London Medical Record.*

A New Elastic Suture.—The following elastic suture is recommended by Dr. Vogel for closing a gaping superficial wound, and for drawing the edges of the latter together. Wide strips of sticking plaster are placed on both sides of the wound, from one to two inches from the edge. Several small holes are then made in that portion of the strips which is near the edge of the wound, and small-sized studs are placed into the openings. A narrow India rubber band is then laid across the neck of two opposite studs, slightly tightened, and fastened. This new suture is said to have answered very well in cases where the metallic suture either caused suppuration or could not be applied because the edges of the wound were too far distant.—*British Medical Journal.*

Coto in Diarrhœa.—Coto and its derivative, have already reached, or probably soon will reach, the markets of this country, and it may be well to note the high terms in which it is spoken by those who have used it. Fronmueller and Baeltz assert its value in the most rebellious diarrhœa (especially those of a tubercular character) and in the colliquative sweats of phthisis. It has the great advantage over other medicaments employed in these affections in that it stimulates the appetite. The tincture is to be made, with great care, from one part of the bark and nine parts of alcohol (58°). The dose varies with the effect, from 10 drops daily to an ounce. Cotoin may be substituted; two grains of this equal eighty minims of the tincture.—*Bull. Gen. de Therap., Med. Times.*

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, SEPTEMBER 25, 1879. No. 18

Editorial.

American Academy of Medicine.

This is the name of an association which was organized four years ago, and which held its fourth annual meeting in New York on the 16th inst. Its objects are: 1st. To bring those who are alumni of collegiate, scientific and medical schools into closer relations with each other. 2d. To encourage young men to pursue regular courses of study in classical or scientific institutions before entering upon the study of medicine. 3d. To extend the bounds of medical science, to elevate the profession, to relieve human suffering and to prevent disease.

Such objects are sufficient to commend any organization having them exclusively in view to professional favor, and it is to be regretted that there should be aught connected with an association of this nature to detract from the esteem in which it should be held. The objectionable thing in the American Academy of Medicine is a "close communion" feature, which is an essential plank in its platform. The possession of a literary degree from some collegiate institution, in addition to the degree in medicine, is a necessary qualification for membership. It would be difficult to convince us that such a provision is necessary to the most successful accomplishment of the chief ends of the Academy, namely, the extension of the bounds of medical science, the elevation of the profession, the relief of human suffering and the prevention of disease. The possession of a B. A. or an M. A. degree is largely the result of accident, either of birth, patrimony or some such circumstance beyond the control of the possessor. While it is to a certain extent, and only to a certain extent, a guarantee of such preliminary training as is necessary to a proper reception of medical teaching, it by no means follows that the B. A. or the M. A. is better qualified to enter upon the study of medicine than many an under-graduate, or than many who never entered a collegiate institution. The possession of these talismanic letters is altogether too arbitrary a *sine qua non*. We would not by any means be understood as desiring to depreciate the standard of preliminary requirements, but we would have these requirements tested by actual examination, and would, other things being equal, give our preference to the young man who attained them without having undergone a collegiate training. In such a young man we should be more apt to find the material from which John Hunter and Dupuytren, who, by the way, had neither a B. A. nor an M. A. attachment, were constructed.

"It is a noteworthy fact," says Mayo W. Hazeltine in the *North American Review*, "that the most fruitful work performed by English hands during the present century in the field of classical research, must be credited to non-university men. It is well known that Grote owed his preparation for the study of the Hellenic world exclusively to private tuition, followed, of course, by a prolonged and patient course of self-education." The same may be said of George Finlay, whose History of Greece displays a more thorough knowledge of Greek art, Greek philosophy, Greek ethics and Greek science than can be found in the works of any other writer, university graduate or non-graduate. If then, work of this nature, which one would suppose would particularly require a most thorough course of collegiate training, can be accomplished without the B. A. or M. A. affix to the worker's cognomen, one must not be surprised to find, as he actually does, that many of those who have done, are doing and are most capable of doing the most for medicine, would be denied membership in the American Academy of Medicine.

For list of remittances, see colored insert

Consumption—Its Cure.

Certainly the ravages of consumption are sufficient to stimulate the inventive genius of man to its utmost, in devising means for the relief and cure of the malady. Probably none of the other diseases to which humanity is subject has had expended on it the same amount of scientific thought, or has been subjected to the same research. This thought and research have, however, been largely in a circle, and it is doubtful whether the therapeutics of consumption is further advanced to-day than it was half a century ago. We have not the statistics of the two periods at hand, but we may, we think, safely venture the assertion that the annual mortality from this disease is as great as at any time since it commenced to afflict humanity.

The only positive promises of cure have heretofore appeared in yellow covered literature, in the proprietary medicine almanac, and in the displayed advertisements in newspapers and on bill boards. The September number of the Virginia *Medical Monthly*, however, contains an article by Dr. James H. Salisbury, of Cleveland, Ohio, in which the writer makes the somewhat astounding statement: "I have simply to say that the disease is so thoroughly worked up in all its details that I am able to produce it at will and as surely cure it." We are not acquainted with Dr. Salisbury, and do not know, therefore, what reliance to place on his assertion, positive though it be. We must say, however, that his article has that high coloring which breeds suspicion, and we can only hope that our excellent contemporary has not been imposed upon by admitting to its pages what may turn out to have been, neither more nor less than the advertisement of an empyric who has, as he says, a book on Consumption ready for the press, from which the article in the Virginia *Medical Monthly* is a reprint.

But, giving Dr. Salisbury the benefit of the doubt as to his professional rectitude, we shall reproduce the main points in his treatment. He has his patient "drink half a pint of hot water one hour before each meal and on retiring, for the purpose of washing out the slimy, yeasty and bilious stomach before eating and sleeping." In the matter of food he introduces a dietary quite at variance with that usually recommended, in that he entirely discards the fats, and the only part of the cod he permits is its muscular fibre. He advises that eight grains of pepsin or lactopeptine be taken after each meal. The usual hygienic advice with regard to baths, clothing and exercise are given. The exercise he especially recommends is riding, and when this cannot be indulged in the patient should be rubbed and pounded all over—for ten minutes, morning, noon and night. By way of medicine, his prescriptions savor rather too much of the old blunderbuss variety. We give them, however, for what they are worth under the head of Formula in our present number. All anodynes that get the stomach out of order are to be rigidly avoided. The author sagely remarks that "the cure is accomplished by getting the system in splendid condition, when the urine becomes clear and flows at the rate of three pints daily—standing at 1.020." No one will deny that "a splendid condition of the system" is a very desirable consummation of treatment. He regards consumption as "a disease arising from continued unhealthy alimentation, and it must be cured by removing the cause. This cause is fermenting food and the products of this fermentation."

Having found Dr. Salisbury's paper where we did, we have given it this notice. We sincerely hope that our skepticism as to the uniformly successful results of the treatment recommended may be proved by the results of experience with the method, to have had insufficient foundation.

Anæsthetic Honors.

On the 22d ult., at Atlanta, Ga., Senator John B. Gordon, on behalf of the donor, Mr. H. L. Stuart, of New York, presented to the Legislature of Georgia, a life-size portrait of the late Crawford W. Long, M. D. This presentation was made in acknowledgment of the claim of Dr. Long to being the original discoverer of anæsthesia for the purposes of surgery. We had supposed that the much-

mooted question of priority in the introduction of this great boon to humanity had years ago been as fully answered as it probably ever would be, and that the honors were divided among Jackson, Wells and Morton. A couple of years ago, however, Dr. J. Marion Sims brought forward the claims of Dr. Crawford W. Long, and as he fixes the date of his claimant's first use of ether for surgical purposes at the year 1842, Dr. Long's claims would seem to be based on pretty valid grounds. In a recent speech at the Georgia University, the Hon. A. H. Stephens asserted that Dr. Long's claim to the proud title conferred on him by Dr. Sims are acknowledged by France, Germany, England and Russia. This, however, was a very erroneous assertion, and a letter before us from Dr. Edward H. Bowne, of Rocky Hill, N. J., the length of which, we regret, makes it impossible for us to publish it, very ably disproves Mr. Stephens' statement. The fact is that Dr. Long's claims, however well based they are, are not by any means generally acknowledged, and though his name may, in consequence of the claims recently made, be placed in the list with those of Wells, Jackson and Morton, he will never be universally, or even generally, accorded the place of "the only original." There is certainly no evidence to show, or even claim made, that either of the illustrious New England triad, owed his discovery to any hint received from the distinguished Georgian. But rather than open up once more the interminable discussion which the more recent claim is apt to arouse, we should be in favor of calling each of the claimants the original, as doubtless each, in a measure, was.

Section of Nerves for the Radical Cure of Neuralgia.

Dr. Frederick S. Dennis, Demonstrator of Anatomy at the Bellevue Hospital Medical College, N Y., publishes a most valuable article in the New York *Medical* for June, 1879, with special reference to section of the superior maxillary branch of the trifacial nerve, including resection of the spheno-palatine (Meckel's) ganglion for the relief of *tic-douloureux*. Quoting first the conflicting opinions of surgical authorities as to the propriety of this operation, he shows by a review of the recent investigations into the physiology and pathology of the nervous system that these opinions are due to erroneous theories of the disease and its treatment, and points out the very important fact that the theory of recurrent centripetal sensibility, now well established, will not only reconcile the conflict of opinion, but justify a more frequent resort to the operation. Only by this theory can we explain the recurrence of sensibility in the parts supplied by a nerve immediately after its section. Richet adopted this view in 1867 to explain a case which he studied, and the later experiments of Arloing and Tripier in 1875, with Claude Bernard's contemporaneous researches, have proved the theory altogether correct. Their brilliant experiments interpret clinical facts which previously were perplexing contradictions, and were simply unintelligible, for they show at once that the operations will be successful according as they are performed sufficiently near the nerve centres, to include all the direct fibres of the diseased nerve, and to exclude the indirect (recurrent) fibres of adjacent nerves.

He then collates all the known cases of operation upon the superior maxillary nerve, and divides them into five classes, according to the length of time during which relief from pain was secured by the operation. The first class includes all cases where relief was secured for more than twelve months; the second from six to twelve months; the third from one to six months; the fourth when the pain returned during the first month, and the fifth, cases where no pain was felt so long as the patients remained under observation. But this time was so short as to make the cases of no value either for or against the operation. Analyzing these cases, the author deduces as practical conclusions that the high operation is better than the low operation in cases where the maximum intensity of pain is at the infra orbital foramen and along the course of the malar branch; that in no case has death oc-

curred as a result of the operation, nor have the symptoms been aggravated in any instance; that the operation is justifiable even if temporary relief alone be obtained; that failure is usually due to incorrect diagnosis both as to cause and seat of the pain; that failure will be the rule unless we distinguish the cases where the pain is due to central lesions from those where the cause is peripheral; that where the lesion is in the terminal nerve plexuses the resection of several nerves (polyneurotomy) will be more serviceable than resection of a single nerve (mononeurotomy); that mononeurotomy should be reserved for cases where the lesion involves the trunk of a nerve near its origin; that the prognosis will be most favorable when we can exclude lesions involving either plexuses or nerve centres; and that the principal indication for the operation is persistent and severe pain, which will not yield to the milder and less radical measures.

Altogether the paper is a most valuable contribution to this subject, and we cannot but believe that it will give a new impulse to this greatly neglected plan of treatment in rebellious neuralgias. It is interesting to note that of all the reported cases of this operation, more than half have been performed by American surgeons, the largest number done by any one operator being by Prof. Jas. R. Wood, M. D., of New York city. E. S D.

The MICHIGAN MEDICAL NEWS will add four pages to the size of each number with the opening of volume III. Already a marvel of cheapness, this addition to its size will make it, beyond all odds, the cheapest medical journal published. Nothing but the large patronage with which it has been favored could enable us to make this addition to its size. May we not ask our friends to interest themselves to the extent of merely representing to those of their acquaintances who do not take the NEWS its claims to professional support? There is hardly a subscriber who cannot influence an acquaintance to have his name added to our list.

Miscellany.

A SUBSTITUTE FOR MILK.—Dr. M. Czartoryski, of Stockton, California, sends us the following:

"I have read in your valuable journal the discussion on infants' food—milk and its substitutes—but I have yet seen no mention of one of the most natural, one that everywhere can be obtained from good hen's eggs. I have used it in my practice as a substitute for over twenty years, always with the most gratifying results. The egg is broken in tepid or slightly warm water or milk, slightly beaten, with one to three grains of tablesalt, or same amount of bicarbonate of soda, and then strained, which must never be neglected. If need be, a little white sugar and a half teaspoonful or more of best brandy or whisky may be added. It is best to be given with milk from nursing bottle. From one to two or more eggs may be fed during the day, according to need of child. The egg contains everything the body needs. Will not others give it a trial? I am certain they will try it again."

THE NEWS, THE PRACTICAL PHYSICIAN'S ALLY.—Dr. D. M. Johnston, of Rockwell City, Iowa, writes: "Desiring to hear from the profession on the subject of rhus poisoning, I was led to select the Michigan *Medical News* as my medium of communication. The wisdom of my selection was speedily verified by the numerous replies from practical men from all parts of the Union. This experience in calling for advice through your journal speaks volumes in favor of the liberality and common sense of the profession, and for its willingness to lend a helping hand to a brother practitioner who may at any time find himself in an emergency. I desire to return my thanks to the gentlemen who so promptly replied to my request for information. I am a young physician, but two years out of college, having attended no less than three of the leading medical schools of this country. I find, however, that not infrequently questions arise in actual practice for which the teachings of the schools furnish no precedent, as, for instance, in the case of rhus poisoning. In such cases the experience of the working doctor, as concisely expressed through the medical journal, is incomparably of greater service than the fine-spun theories and dogmatic teachings of the text-books and of the schools.

Allow me again to express my high appreciation of the NEWS as an aid to the busy practitioner. Its style, and everything about it, is precisely adapted to this end."

NEWSPAPER DOSES.—A short time ago attention was called to a newspaper prescription, in which citrate of iron two grains, and strychniæ two grains, were ordered at a single dose. Of course the salt, citrate of iron and strychnine, two grains, was what was intended, but only the vigilance of the druggist into whose hands the prescription might fall could prevent an undertaker's bill for services rendered the remains of the thrifty individual who would seek, by its use, to save a doctor's fee. The newspaper is a powerful civilizing and enlightening agent, and the newspaper editor is a wonderfully erudite individual, as a rule, but he should stick to his last, and let doctors do the prescribing direct.

The *Hospital Gazette* refers to this subject thus:

"We are always favorably impressed with the receipt for the cure of various diseases seen from time to time in the newspapers. They are always so reliable, so authoritative and so very scientific. Even country papers have their scientific or medical column. How much medicine owes to journalistic laymen and retired ministers who have cured themselves with a remedy accidentally discovered while in India or Zululand! This time it is the *Evening Telegram* who quotes the *Les Mondes* as its authority. It states that Dr. Durodie cured a child, seven years old, of croup, by rasping out the larynx with a whalebone probang, sponge tipped. The finger being passed to the "upper laryngeal opening," a probang is passed, supposably into the larynx, and worked up and down several times, thus irritating the vocal cords to reflex action and breaking up and removing much false membrane. There are enough asinine laymen left, since the last advent of the fool catcher, to try this, and probably with marked success. Indeed, after several trials, we predict that they will become sufficiently proficent to remove one or more vocal cords, or create a short cut into the trachea. This, however, is a small matter. We are inclined to think that the average editor of the scientific column of a newspaper has considerable false membrane in covering the cerebral hemispheres—exerting marked pressure on the convolution controlling common sense, discretion, medical knowledge and modesty."

AMERICAN MEDICAL DIPLOMAS IN ENGLAND.—Dr. A. B. Palmer, of the Medical Department of our State University, is at present abroad on a semi-professional tour. In a letter to the *Physician and Surgeon*, August number, he has the following to say on the status of American medical institutions in England:

"In Oxford I called on Dr. Acland, Regius professor of medicine in the university and president of the general medical council of Great Britain, a body consisting of twenty-four leading representative men of the profession in England, Ireland and Scotland, a part of whom are elected by the universities and licensing bodies, and a part appointed by the Crown. This council has the general management of medical education and the registration of the qualified physicians, surgeons and dentists—which registration is necessary to practice.

Dr. Acland was much interested in our university and asked many questions about it, and about other medical affairs in our country, in the different interviews we had, and since I came to London I have received a letter from him making further inquiries, which I have answered in full. He gave me a card to the registrar (or secretary) here in London, upon whom I called to-day, and from whom I have learned some things that will interest particularly our friends of the dental college of the university.

An act of Parliament establishing the medical council, which went into effect five or six years ago, provided for the registration of medical practitioners who had passed the various examining bodies in the kingdom, complying with the rules of the council, but no provision for registering any holding foreign diplomas was made. Consequently no diploma from any foreign university, or licensing body, German, French, or American, is recognized, and no one can practice the profession here without qualifying in a British institution.

An act of Parliament has just now gone into effect respecting the registration of dentists; and in this latter act the medical council are permitted to register dentists holding foreign diplomas, provided in the judgment of the council these diplomas represent a sufficiently high grade of qualifications. The registrar has obtained evidence of the requirements for diplomas of all the dental colleges in different countries, and laid that evidence before the council. Of all the dental colleges in America, two only have been judged by the council worthy to have their diplomas recognized as entitling their holders to registration and the privilege of practicing here. The two admitted colleges are those of Harvard University and the University of Michigan.

A bill is now before Parliament which is

expected to pass the next session, making similar provision respecting the registration of foreign *medical* diplomas as now exist with dental. That is, the medical council will have it in their power to admit to registration, and the consequent right to practice, those who hold diplomas from foreign countries, which the council may judge to represent a sufficient amount of learning and skill. The council, particularly its president and registrar, are already, in anticipation of the passage of the act referred to, gathering all the information possible of the characters of the foreign diploma granting bodies, and hence the careful inquiries of President Acland respecting our university—the course of instruction in the department of medicine and surgery, and the character of the requirements for graduation.

I gave to Dr. Acland a copy of our calendar, and he writes me: 'I have read your calendar with the utmost interest. Your plan does truly seem to be both large and comprehensive.' As our course of instruction compares so favorably with that of any other medical school in our country, I cannot doubt if any American medical diplomas are recognized, ours will be among them."

LABOR AS A FORM OF EXERCISE.—Dr. Oswald, in *Popular Science Monthly*, writes: "Open-air labor is the most effective cosmetic, an almost infallible panacea against all kinds of bodily deformity. But the remedial virtue, of labor, *i. e.*, sound bodily exercise, is greater than that of open-air life *per se;* for among the rustic population of Scandinavia, Scotland, and Northern Germany, who perform a large portion of their hard work indoors, we frequently find models of health and vigor; far more frequently than among the inhabitants of Italy, Spain, etc., who pass the greater part of their indolent lives in the open air.

"But, besides all this, athletic exercises have a moral value, which our social reformers have strangely failed to recognize; they afford a diversion and a vent to those animal energies which otherwise are sure to explode in debauch and all kinds of vicious excesses. The sympathetic thrill by which the mind accompanies a daring gymnastic feat and the enthusiasm of athletic contests form the most salutary and, perhaps, the only normal gratification of that love of excitement which is either the legitimate manifestation of a healthy instinct, or else a wholly irremediable disease of our nature. The soul needs emotions as the body needs exercise, and the exciting sports of the palæstra met both wants at once. We try to suppress these instincts, but their motives remain, and if thwarted in their normal manifestations they assert themselves in some abnormal way, chemically instead of mechanically, as Dr. Boerhaave would say, by convulsing the organs of digestion, since the organs of motion are kept in unbearable activity. In times of scarcity the paupers of China and Siam silence the clamors of their hungry children by dosing them with opium; and for analogous reasons millions of our fellow-citizens seek relief in alcohol; they want to benumb a feeling which they cannot satisfy in a healthier way.

"After finishing his day's work the Grecian mechanic went to the gynasium, the Roman to the amphitheatre, and the modern European and American goes to the next 'saloon,' to satisfy by different methods the same instinct—a longing for a diversion from the dull sameness of business routine. There is no question which method was the best—the only question is which of the two bad substitutes may be the worse: the brutalizing, *i. e.*, soul-hardening spectacles of bloodshed of the Roman arena, or the soul and body destroying poisons of the liquor shop?"

REMEDIES FOR RHUS POISONING.—Dr, D. C. M. Summerlin, of Sunhill, Georgia. writes: Noticing several prescriptions in the NEWS of August 11 for poisoning by "rhus toxicodendron," I will give you another, more simple and from my own experience, a specific—lime water. Wash the affected part in clear lime water once or twice, and if of recent origin it will off as if by magic. If in the eyes, bathe and drink of the same. It will cure the poison of any of the species rhus. My experience with sulphide calcium in inflammation of the ear is such as to add my testimonial as to its efficacy.

Dr. S. B. Foster writes: In the August 11 number of the NEWS I saw some suggestions in regard to the best treatment for rhus poisoning. I find all forms of treatment which are laid down in books to fail. I have used them all, but each one has failed to produce the effect desired. For the last two years I have been using the fluid extract gelsemium with perfect success. I apply the extract with a small brush three or four times in a day. At the same time I give a saline cathartic. In less than twelve hours my patient is free from all irritation, and in twenty-four hours is well on the road to recovery. I have never had it yet to fail.

KILLING FLIES WITH GUNPOWDER.—A Pittsburgh restaurant keeper has devised a

new method of getting rid of flies. He closed the doors and windows of his place and then laid a train of very fine gunpowder in narrow strips over the floor, painting the spaces between these strips with molasses. In a very short time all the flies in the room were indulging in the repast so temptingly set before them. At the height of their festivity the train was fired, and the result was two pounds and three ounces of lifeless insects. Just how much gunpowder was employed is not stated, but the experiment seems to have been a success and devoid of danger.

CREMATION IN YELLOW FEVER.—The St. Louis *Medical and Surgical Journal* makes a very sensible suggestion regarding the disposition of the remains of those dying of yellow fever. It says: "We are not, at present, in favor of cremation generally, but certain circumstances have of late arisen that compel us to be greatly in favor of this method of disposing of the bodies of those who die of yellow fever. From what we have learned from private sources, the resurrecting of the bodies, during the winter months, of those who died of yellow fever has done much to perpetuate this terrible disease in Southern cities until the warm weather has set in. Cremation obviates all possible harm that can come from the dead, and duty to the living demands that everything be done to destroy the possibility of propagating this and all contagious diseases that run so malignant a course."

The following is copied from the report of the recent Cleveland Meeting of the National Eclectic Medical Association: "Dr. Parker, of Ohio, exhibited a heart taken from a woman, in which a chestnut burr had been imbedded. Dr. Olin, of Indiana, gave the opinion that the burr had been inhaled into the lungs and passed thence to the heart through the tissue and vessels."

This was certainly a most remarkable case, if a true one, but the mind is relieved by the lucid explanation of the manner in which the burr reached the heart. In a society to which we once belonged there was a certain member who was always ready with a case to surpass, in the peculiarities of its nature, the most remarkable case that was ever reported. Another member, a wag, used to amuse himself and the society by inventing cases for the purpose of drawing forth the remarkable experiences of this member. Dr. Parker's imposition on the credulity of the N. E. M. Association is certainly very amusing, but the report of the affair in solemn earnest, in the printed proceedings, is not calculated to exalt one's opinion of the scientific acquirements of the body.

A story is going the rounds to the effec that in a certain town there are located a regularly educated medical man and a modest "'vet.,' of great experience." During the temporary absence of the physician, Mr. G., a worthy citizen, was taken suddenly and alarmingly ill, and the best that could be done under the circumstances was to call in the "vet." "Wal! if he was a cow," remarked that sage individual, *sotto voce*, after he had owlishly made his "diagnosis," "I should reckon he had an all-fired attack of bilious colic, and required a pint of castor ile and a pound of rochelle salts; but as Mr. G. ain't no cow, I'd sorter reduce the dose to a half pint of ile and a quarter pound of salts." Mr. G. being but semi-conscious, as much as possible of the palatable mixture was forced down him. Calling next day, the "vet." inquired at the door how his patient fared and whether the medicine had "moved him." "It certainly did," said a red-eyed friend. "How often?" "Four times—*once before death and three times afterward.*"

Dr. H. G. Barrows (New York *Eclectic Medical Journal*) gives the following as a cure (!) for rabies (italics ours): The chloride of lime, two ounces to eight of water, to be used freely as a lotion. Scull cap, two ounces, infused in three pints of boiling water, given in gill doses four or five times a day every other day, and on intermediate days apply the leaves to the bite, giving a teaspoonful of sulphur in water night and morning. The *author* of these remedies extols them very highly. [See Genesis i, 31.—ED.]

The Keokuk, Iowa, College of Physicians and Surgeons announces that it believes in three full courses of college instruction, but adheres to two courses of twenty weeks each. It announces further, that a student, by attending its lectures, "delivered without notes or manuscript," can secure his diploma at a less expense, including traveling expenses, board and lodging, "than the expense of lectures *alone* at any other well-organized medical school in the United States." The diploma certainly doesn't cost much, but, judging from the style of the college announcement, we should consider it dear at any price.

The highest mortality from yellow fever last year was reached at New Orleans and Vicksburg during the first week of September, and in Memphis during the second week. This year the maximum was reached during the last week in August, in Memphis, since which there has been a slow but steady decline. This leads to the hope that the total disappearance this year will occur much earlier than it did last year. Of course, until frost sets in there will be no absolute certainty that the dying embers will not be fanned into a flame, and it will not be safe for refugees to return to the desolated districts. Let us hope that this *bete noir* of medicine may be sufficiently met by advancements in sanitary science before another summer, to prevent its gaining a foothold on our soil.

Dr. G. W. Hendershott, of Mill Shoals, Ill., writes to the NEWS that he has a case of pruritus of the scrotum, of several years standing, which has thus far resisted treatment. The patient's general health is good. Dr. H. asks for a prescription from any of our readers who may have treated a similar case successfully.

Book Notices.

MATERIA MEDICA AND THERAPEUTICS VEGETABLE KINGDOM. By Charles D. F. Phillips, M. D., F. R. C. S. E., Lecturer on Materia Medica, Westminster Hospital, London. Edited and adapted to the U. S. P. by Henry G. Piffard, A. M. M. D., Professor of Dermatology, University of the City of New York, Surgeon to Charity Hospital, etc, New York: Wm. Wood & Co.

This is the September number of Wm. Wood & Co.'s library series. The characteristic of the work is its practical nature, the book being largely the record of the author's experience in the use of the drugs treated of, and this is after all what is most wanted in a work of this nature. Dogmatic teaching has its objections, of course, but it is much more valuable to the practitioner than the discussion of abstract questions. The profession would probably be gainers rather than losers were publishers, for a season at least, to suspend the issue of books of the theoretical and abstract class. We want the theories already advanced to be put to the crucial test of experience, and books which record this experience will be in demand. The book before us is one of this class. The American editor's work has been something more than merely clerical. He has added a number of indigenous drugs and has, besides transforming the posology to conform to the U. S. P., made notes and comments which are especially valuable to the American practitioner.

A MANUAL OF MIDWIFERY FOR MIDWIVES AND MEDICAL STUDENTS. By Fancourt Barnes, M. D., Aber., M. R. C. P., Lond., Physician to the General Lying-in, and to the British Lying-in Hospital, etc. With Illustrations. Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

The title of this little book explains its object. The work is somewhat elementary, and is, perhaps, for that reason, although intended for ths student, all the better fitted for the general practitioner. One is very apt to fall into routinism in midwifery, and it does him good to resort, occasionally, to first principles. Dr. Barnes is the son of his father, the illustrious Robert Barnes, and the result of paternal training is evident in the little book he has given us.

DISEASES OF THE THROAT AND NASAL CAVITIES. By Carl Seiler, M. D., Lecturer on Laryngoscopy at University of Pennsylvania, etc. With thirty-five illustrations. Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

Laryngology is a comparatively new branch of medicine, and the literature thereon is not abundant. The little work before us commences at the beginning, and gives instruction in the use of the various instruments essential in diagnosis and treatment. Among those instruments we notice the author still retains Thudichum's douche. Judging from our own experience, we regard this retention as unfortunate. Probably, however, the precautions which he lays down might have prevented the very painful affection of the middle ear which once followed its use in a patient to whom we recommended it.

On the whole the book will be a very valuable aid to the practitioner who undertakes the treatment of the affections of the nasal cavities.

ELEMENTARY ANATOMY, PHYSIOLOGY AND HYGIENE; for the use of schools and families. By Edward Playter, M. D., Editor of the *Sanitary Journal*. With fifty illustrations. Toronto: Hart & Rawlinson.

Dr. Playter is an enthusiastic sanitarian, and has done effective work through the medium of his journal—work which will be largely supplemented by the admirable little book just issued. The book is especially adapted to our high schools and intelligent laymen. It is literature of this nature which is going to uproot quackery.

Paragraphs.

Down in Georgia, says the Louisville *Courier-Journal*, they are in favor of removing the tax on quinine and putting it on dogs. Charging the duty to the bark, as it were.

The water of Brides is very highly recommended by M. Philbert in the treatment of obesity. The water to be taken internally and applied externally in the form of baths. Brides, it may be necessary to explain, is the name of a spring in Savoy, whose waters resemble those of Carlsbad and Marienbad.

Americans are said to pay more money for teeth than any other people, and yet they do nine-tenths of their chewing with their stomachs.

Edison is experimenting on a stethoscope. He reports that he has every prospect of success. The expense of the instrument will, however, prove an obstacle to its general use.

Dr. Rosa Wett, a young Viennese lady, has shown herself to be so proficient that she has been appointed by the Berne University assistant to the chair of ophthalmology, in which she has made very advanced studies.

Dr. William O. Mosely, Jr., a young physician of Boston, met his death in Switzerland, August 15th, by an accident. He had made the ascent of the Matterhorn, and was descending, when he slipped and fell over a precipice, with instantly fatal result.

The chaff, the controversies and worn-out theories which beset the practitioner and distress the student, are chargeable to men who have written for reputation or notoriety rather than from experience, reflection and classified knowledge.—*Dudley.*

A young Scotchman at Aldershot fell ill and was taken to the hospital, where a bath was ordered. The water was brought into the room in a bath-tub. The patient looked hard at it for some time, and then throwing up his hands bawled out, "On doctor, doctor! I canna drink a' that."

"People may say what they will about country air being so good for them," said Mrs. Partington, "and how they get fat upon it; for my part, I shall always think it is owing to the vittles. Air may do for camamiles and other reptiles that live on it, but I know that men must have something more substantialler."

The so-called *facies hippocratica*, literally translated from the original, is described thus: "A sharp nose, hollow eyes, collapsed temples; the ears cold, contracted, and their lobes turned out; the skin about the forehead rough, distended and parched; the color of the whole face green, black, livid or lead-colored."

Louisville *Medical News:* "One cannot be too particular with his directions. A messenger came to B., saying that one of his lady patients was suffering horribly from a bug which had gotten into her ear. B. was engaged at the time, and could not go to the patient, but sent word to pour some oil in her ear. In a short time the messenger returned to ask "which ear?"

Clement A. Finley, formerly Surgeon-General of the U. S. Army, died on the 8th inst., at his residence in Philadelphia, at the advanced age of 82. He entered the army as Surgeon's mate in 1818. He received his commission as Surgeon-General in 1861, and was retired, on his own application, in 1862, after forty-four years' service.

Dr. L. is cautiously treating a sick man concerning the nature of whose disease he is quite in the dark. "Well," he says to the nurse, on making his usual morning visit, "how do we find ourselves today? Did he sleep well? Did the medicine act?" "Yes, sir, he slept, but I left the gas burning, turned down very low." "Ah, he slept well, did he? I thought he would. And you left the gas burning—turned down low? Very good, very good; all is growing very nicely." And he takes his hat. "What, doctor! have you no instruction—no prescription—nothing?" The doctor (sagely, and after mature deliberation)—"Yes; keep the gas burning—turned down very low."

Medical Record: "The name of the Louisville *Medical News* has been changed, and the first number of the next volume of the journal will appear with the name the *Medical Age*. We hope this racy journal may be successful under its new flag, but there is nothing which so comes home as the old flag under which we were born. If the worthy editors can protect their name from *orthographical* mutilations, we see no reason why their prosperity will not be heightened. In the event of such a calamity, we must beg leave to place them under the watchful care of the editor of the MICHIGAN MEDICAL NEWS."

Original Articles.

Phosphorus in Medicine.

BY CHARLES G. POLK, M. D.

Phosphorus is no novelty in chemical or medical science, being discovered by Brandt in 1669. He, however, like some modern chemists, tried to conceal the source from which he obtained it. In 1768 Gahn obtained it from animal bone, and in 1799 Hensing, a German chemist, found that the brain contained a large amount of hypophosphorus acid, associated with an oleo-nitrogenous compound. This discovery of Hensing was corroborated in 1779 by Jordan, in 1812 by Vauguelin, in 1834 by Couerbe, in 1844 by Owen Reese, in 1857 by Polk, and in 1872 by Percy. (See "Consumption," by Churchill, page 185; essay, "Phosphorus," Amer. Med. Association, 1872, by Dr. S. R. Percy, and "Phosphate of Iron," *Med. and Surg. Reporter*, August 2d, 1873, by C. G. Polk.) Other chemists, however, have denied the existence of phosphorus in an oxidizable form in the animal organism. Liebig favored this view, while Mulder advocated the opposite one. Chemists at the present day are as undecided as ever. Churchill, in 1855, based his theory of consumption upon the deficiency of hypophosphites in the system, and to remedy the deficiency he introduced into medical practice the hypophosphites of lime and soda. The writer, in 1857, demonstrated by chemical analysis that the hypophosphite element was remarkably deficient in the medulla oblongata and

cerebellum in those dead with tubercular phthisis, and to remedy this deficiency isolated the hypophosphite element and administered it. Dr. Samuel R. Percy has asserted that the introduction of isolated brain phosphides into medical practice to be an origination of his own. This assertion is refuted by the statement of Dr. Percy, that to the best of his knowledge no one had used the nitrogenous hypophosphites, but he "supposed, on hypothetical grounds alone," it would be a valuable therapeutical agent (see essay, "Phosphorus as an Organismal Element," trans. Amer. Med. Association, 1872, page 658), and his circular wrapper. The only literature Dr. Percy has given on the subject, contains a quotation from my paper, "Protagon," *New Remedies*, November, 1876. As Dr. Percy bases his claim on his essay and his circular wrapper, I refer the reader to them as my most potent vindicators.

The recognition of the organismal value of phosphorus has led a large number of physicians to employ the metalloid. This theoretical conclusion, however, is very erroneous and easy to refute; phosphorus cannot be taken in doses sufficiently large to supply any deficiency. If taken in doses of one-twentieth of a grain a day, it nauseates the stomach, produces jaundice and tenderness of the liver, and if continued long it produces its poisonous phenomena. In 1870, Dr. George Wegner, of Berlin, Prussia, showed that phosphorus, when administered in doses as small as $\frac{1}{60}$th of a grain, produced fatty degeneration of the liver, kidneys, stomach and heart; that in many cases it produced albuminous urine; that numerous hemorrhages occur from all parts of the body, owing to extension of fatty degeneration. The experience of Dr. Wegner, and a case which once came under my own observation, led me to investigate the toxicology of phosphorus. I have tried phosphorus poisoning on rats, squirrels and rabbits, confirming the results obtained by him. I have also encountered three cases of Bright's disease, which I am sure were produced by excessive use of phosphorus. On the other hand, I have used phosphorus in doses of $\frac{1}{100}$th of a grain thrice daily, and have found it really valuable as a remedial agent in this disease. A German chemist, several years ago, suggested that in cases of poisoning by phosphorus that the poisonous qualities could be overcome by inhalation of protoxide of nitrogen. The somewhat famous "Dr." West, of Dover, Delaware, saved a child who had eaten phosphorus matches, several years ago, by his oxygen inhalations. I have used small doses of nitric acid with oil of turpentine in two similar cases with success. I believe the addition of small doses of nitric acid an improvement on the turpentine alone in changing the metalloid into an oxide—the principle upon which all these antidotes work. An eclectic physician used ozone some months ago, and saved the patient. Turpentine, by changing the phosphorus into phosphorus acid, is the antidote in the highest favor, the best one yet discovered.

As a remedial agent, phosphorus is unquestionably of high value. Neuralgia, paralysis, nervous exhaustion, impotency and sleeplessness, are maladies in which its benefit has been the most unequivocable. I have tried it in several cases of neuralgia which had defied everything else, and have had them yield promptly to the phosphide of zinc, extract of nux vomica and belladonna. Others have used phosphorus in oil, ether, alcohol, and in the pill form. Of these the pill form is unquestionably the preferable one. The suet and cacoa butter pills are utterly detestable. Ether and alcohol tinctures are uncertain and dangerous. The resin form is inert. The glycerite made by dissolving one grain of phosphorus in a pint of glycerine is probably the best of the liquid forms.

There is no doubt that phosphorus will relieve many cases of neuralgia. There is too much evidence to question it. I have succeeded with it after a multitude of remedies had failed. It unquestionably does it by its impress on the nervous system, and not, as some have asserted, by supplying the nerve with its proper pabulum. Phosphorus in its metalloid form is not a component of any animal tissue, and phosphorus taken into the animal body is not perceptibly changed into an oxide; it imparts the phosphorus odor to the breath, urine, and the exhalations from the skin. I again remark, that even if oxidized, the amount of phosphorus the stomach will accept would be too small to supply sufficient of the oxide to be of any advantage. Some speculative physicians have asserted that phosphorus acquires additional activity by being converted into hyphophosphorus acid. Churchill showed the fallacy of this idea in his work, "Consumption," Paris, 1864. In nerve exhaustion phosphorus is often of great value. During the past year I have succeeded in relieving three cases, after having failed with other remedies. In these cases phosphorus acted as a stimulant and enabled the nervous system to appropriate from the blood its pabulum. In sexual exhaustion I have found it a very valuable ally of nux vomica, ergot, belladonna, cantharides and iron.

In conclusion, I will say phosphorus is a very potent remedy; that judiciously used it is capable of doing much good; that abused, like mercury, opium and alcohol, it is potent for mighty mischief. Its continued use is very liable to produce organic lesions of the liver, kidneys and stomach. As Dr. Wegner first presented the connection between Bright's disease and phosphorus to the profession, I have no inclination to discuss with him priority of discovery, but I find that my brother, Theodore A Polk, as early as 1868, attributed a case of albuminuria and fatty degeneration to phosphorus. The use of phosphorus and the sequel, albuminuria and fatty

degeneration of the liver, in a man previously robust, led him to connect the two together in the relation of cause and consequence. I think Dr. Wegner had noticed the same before that date. The researches of Wegner were published first in *Virchow's Archives*, and a summary of them can be found in the London *Lancet*, October 26th, 1872. I have shown also that the claim that the phosphatic nutrient of the brain is not a phosphate, but a hypophosphite, has had advocates since 1779, and was the basis of Churchill's theory of and treatment of consumption in 1855, and of my own in 1857. My claim is not that I discovered in 1857 that the phosphatic nutrient was a hypophosphite, but that I discovered that the pathognomic lesion of consumption was deficiency of the hypophosphite in the medulla oblongata and cerebellum, and first used isolated hypophosphites in its treatment. I presume, however, that there is no one at the present day that will dispute my claim.

2219 Catherine street, Philadelphia.

Selections.

OBSERVATIONS ON THE DIGESTION OF MILK—By E. F. Brush, M. D., Mount Vernon, N. Y.—Milk may be divided into two distinct varieties, according as it is the product of cud-chewing or non-cud-chewing animals. This is a distinction to which I think sufficient attention has not been previously drawn. The former class—that of the cud-chewers, to which, of course, the milk of the cow belongs—contains a variety of caseine which coagulates into a hard mass under the action of the digestive ferment, or during the lactic ferment. This coagulation takes place in the natural process of digestion with the calf.

During the summer I had a calf which I had tied in a stable out of reach of any food, and gave it nothing but fresh milk from its mother; half an hour after the ingesta of milk I always found it chewing the cud. After diligent inquiry I have been informed that the same takes place with the sheep and the goat, the other domestic ruminant animals. We may from these facts explain the difficulty experienced by the human stomach in digesting the milk of ruminating animals.

The other variety of milk—that given by the non-cud-chewing animals, to which the human, equine, and canine races belong—does not, under the action of rennet or acids, coagulate into the hard mass we find in the cow's milk, but coagulates into small granular, or flocculent, masses, easily diffusible.

This fact explains very simply the advantages of *kumyss* prepared from cow's milk over the milk itself, in the artificial feeding of children. In *kumyss* the caseine is—if we may be allowed so to express it—practically regurgitated and chewed; i. e., having been coagulated it is resubdivided, and incapable of being coagulated under any acid or ferment.

There are other differences in the various kinds of milk which tend to modify the conditions under which it digests. For example, it is a well-authenticated fact that the amount of caseine in milk is always in inverse proportion to the amount of sugar contained in it; the milk of the cud-chewers contains the smallest amount of sugar and the largest amount of caseine, while the milk of the non-cud-chewers contains, on the contrary, the largest amount of sugar and the smallest amount of caseine. Even in the case of cows' milk, in varying conditions of the animal's health, as the proportion of caseine diminishes, that of sugar increases.

Another fact, too, deserves notice. The less sugar a given variety of milk contains, the more rapidly does lactic fermentation take place, and consequent putrefaction follow. Now, a milk containing a large amount of sugar will set up alcoholic fermentation under conditions the most favorable for lactic fermentation in a milk containing a small amount of sugar. The bearing of this observation is that putrefaction follows lactic fermentation, whereas alcoholic fermentation precludes to a certain extent any form of putrefaction.

Here we have another reason for the beneficial effect of *kumyss* in the artificial feeding of children, for in *kumyss* the sugar is all changed into alcohol and its associates. There is no doubt at this time that alcohol, when properly presented, is a hydrocarbonaceous food.

I will now relate in this connection an experiment I performed upon myself, and which proved that the alcohol contained in *kumyss*—say three per cent.—is all destroyed in the system.

I subsisted for a number of days on *kumyss* exclusively, taking eight bottles a day. During the time I was thus subsisting, I saved all the urine, which I distilled and redistilled, and tested for alcohol. But, although I used the best known and most delicate tests, I failed to discover the slightest trace of alcohol.

After this I took eight bottles of *kumyss* and distilled a few ounces, and drank the distillate; in four hours I discovered alcohol in the urine. This simple experiment shows, as we have said, that alcohol, contained in *kumyss*, is destroyed in the system, bu the same alcohol, when it has undergone the process of distillation, is eliminated as alcohol.—*New York Medical Journal.*

HEMORRHOIDS—OPERATION—METHOD OF CONTROLLING HEMORRHAGE.—A male patient was suffering from internal hemorrhoids. They exhibited the raspberry appearance, and were regarded as the artero-capillary variety. For the purpose of effecting a radical cure they were treated with the double ligature. The sphincter was not dilated. Treatment after the operation was believed to be sufficient to prevent spasm of the sphincter. In cases in which the pile could not be easily surrounded, Sim's

speculum was recommended. The operation being completed a suppository containing opium and belladonna was introduced well above the internal sphincter. A large piece of lint smeared with vaseline was placed over the anus and the cleft of the nates. The cleft was then packed with cotton until it was filled to a level with the tuber ischii; over that a compress was placed, and the whole was retained in position by means of an ordinary T-bandage. But suppose hemorrhage should occur from the stump of the pile or elsewhere? A plan of treatment was recommended which, although not new, is worthy of description. Of course, effort might be made to tie the bleeding vessel. But the plan recommended as the better one was first to take a cone-shaped piece of sponge, and make it hollow; then pass a thread from the inside through the side of the sponge, over the apex of the cone, and return it to the cavity in the sponge. In that manner a loop was made which placed the sponge within the control of the surgeon. It was then to be slightly moistened, compressed, and pushed up as high as possible in the rectum upon the tip of the finger. Pieces of lint were then to be carried in until the cavity of the sponge was filled. As soon as filled, traction was to be made upon the strings, when the sponge would spread out and press against the sides of the rectum. In that manner flow of blood upward was prevented, and the compress already described prevented any discharge from the anus. In ordinary cases it was thought advisable to leave the sponge *in situ* for thirty-six or forty-eight hours. If hemorrhage returned the sponge could be replaced.—*Medical Record, Hospital Reports.*

SALICYLATES IN TYPHOID FEVER.—Dr. W. O. Moore, (New York *Med. Jour.*, August, 1879,) in speaking of the treatment of typhoid fever, says the mortality in eight hundred cases was 11 per cent. where quinine and cold baths were used as antipyretics. In three hundred cases treated by salicylates it was 11½ per cent. In 1,718 cases by the expectant or symptomatic treatment it was 27 per cent. By the cold water and salicylate treatments combined, the mortality might possibly be reduced to 10 or even 8 per cent. The conclusions he draws from the reports of the salicylate treatment of typhoid fever, are: 1. Salicylate acid and its salts have a decidedly beneficial effect in typhoid fever, in reducing the temperature and thereby decreasing the mortality. 2. That the tendency is to shorten the duration of the disease by its antiseptic properties. 3. That the salicylate treatment is equal to any other antipyretic form of medication. 4. That there is every reason to suppose that the salicylate, combined with the cold water treatment, would excel all other methods. 5. That a large dose of one drachm of salicylate of soda acts better given at once than in divided doses. Such a dose is sufficient for twenty-four hours.

Formulary.

RAT AND MICE EXTERMINATOR.—A German newspaper gives the following as a successful method for exterminating rats and mice: A mixture of two parts of well bruised common squills, and three parts of finely chopped bacon is made into a stiff mass, with as much meal as may be required, and then baked into small cakes which are put around for the vermin to eat. A number of testimonials are published endorsing the efficacy of the remedy.

NIGHT SWEATS IN PHTHISIS.—Dr. Q. C. Smith recommends as very efficient:

℞ Zinci oxidi ..... gr. j.
Acidi pyrogallici ..... " ij.
Atropiæ sulph ..... " 1/100.
Mix.

For one pill. Dose, one or two three times a day.

The following are from Dr. Salisbury's article in Virginia *Medical Monthly* for September, on treatment of consumption.

AS A TONIC:—

℞ Fl. ext. pyrus malus rad..... ℥ iij.
" witch hazel..... ℥ ijss.
" cinchon. co..... ℥ ijss.
" ginger..... ℥ ss.
" yerba santa..... ℥ iij.
" grindelia rob ..... ℥ ijss.
" sundew..... ℥ j.
" water fennel seed..... ℥ j.
" orange peel..... ℥ ss.
Ol. menth. pip..... gtt. xx.
Ol. wintergreen..... gtt. xij.
Mix.

Sig.—A teaspoonful in water before each meal.

AS AN ASTRINGENT IN THE DIARRHŒA OF CONSUMPTION:—

℞ Fl. ext. cranesbill..... ℥ ijss.
" ginger..... ℥ ss.
" witch hazel..... ℥ ijss.
" pyrus malus rad..... ℥ iij.
" ampelopsis..... ℥ j.
" yerba santa..... ℥ iijss.
" orange peel..... ℥ ss.
" wintergreen..... ℥ ij
" cinchon. co..... ℥ ij.
Ol. menth. pip..... gtt. xv.
Mix Sig.—A teaspoonful.

BENZOATE OF SODA IN DIPHTHERIA.—(Letzerich.)

℞ Sodæ benzoat. pur..... ʒ j.
Aq. dest.
Aq. menth. pip ..... ää ℥ j.
Syr. aurantii cort..... ʒ ij.
Mix. Sig.—One-half teaspoonful every hour.

OINTMENT FOR CHRONIC PAINS:—

℞ Pulv. gambogiæ.
Myrrhæ.
Canellæ.
Sodæ salicylatis.....ää ʒ ijss.

Reduce to proper consistency with oil of turpentine. The affected parts should be well rubbed with this three times a day, and then enveloped in cotton wool.—*Revue Medicale.*

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, OCTOBER 10, 1879. No. 19

Miscellany.

WAYNE COUNTY MEDICAL SOCIETY—ANNUAL MEETING.—The annual meeting of this incorporated organization was held at the office of its president, Dr. William Brodie, on the evening of the 2d inst. As routine affairs, there is nothing in the annual meetings of medical societies that demands especial mention. In the present instance, however, the occasion gives us an opportunity to refer to what is our ideal of a medical society. The element of weakness in local societies is the rigid adherence to "science" which the majority of them deem so essential. In the Wayne County Medical Society, since its re-organization three years ago, there has been a happy blending of science with sociability, and a charming informality has characterized the proceedings. The members assemble at semi monthly intervals, and, discarding the time-worn rules of order, in a simple and conversational style and manner discuss the points of interest occurring in the practice of each since the last meeting. Occasionally a member presents a paper which is discussed in the same free and easy fashion. In this manner, the members get near each other, the meeting is turned into a sort of club and a good fellowship is developed, the effects of which are by no means transitory. During the three years of the existence of this society, there has not been a single unpleasantness, and the not infrequent gatherings around the festive board immediately after the meetings adjourn demonstrate the fact that the cardiac apparatus may be very promptly reached *via* the gastric. If this society were taken as a model, there would be fewer misunderstandings and more good feeling among practitioners. Give us more cordiality and professional fraternity among doctors, and the scientific side of the profession will be in no danger of decadence.

The following is an interesting extract from the address of the president, the genial Brodie:

"Societies are the forum upon which observations are compared and tested, the school wherein is learned the changes and progress of diseases and the remedial agents valuable in their treatment, where intellect is matched against intellect, and where the neophyte learns to express himself and take confidence in his demonstration before his fellows. They are the training school for public teachers, and he who takes an active part in their growth and usefulness receives in return a facility of expression that enables him to speak with such confidence that will command attention. In a country like ours physicians occupy prominent positions, which in many cases are of a public character, and necessarily are expected to convey their knowledge extempore to their hearers. How often it is the case where the man of fluent speech and personal confidence will charm his hearers with bare words, while the man of intelligence, surcharged with facts, but timorous before an audience, will fail entirely to command attention. Again, the peculiar relation of physician and patient, combining so much of a confidential character, renders him naturally reticent and non-communicative, and his mind, like a granary, only receives to retain. Is it, then, to be wondered that the lawyer and the clergy rank him in the public estimation? This should not be. We have our remedy in our society meetings, and it is our own fault that we do not grasp the advantages to be derived from them and become as fluent in the expression of our opinion before the public as the other learned professions. The cultivation of the social relations between members should be another result of society meetings. Medical men in their daily associations are, as a rule, more or less isolated from one another, seldom meeting except by the bedside in consultation or casually on the street. In societies they are brought together, shake one another's hand, and hear one another's voice, explain misapprehensions that may have occurred in the past, and in many ways make friendships which the end of time only dissipates. Medical societies, like all others, to be successful require a punctual attendance from their members, as well as a prompt fulfillment of all obligations consequent to membership. The promise to prepare and read a paper upon any agreed subject should be scrupulously fulfilled, and the members should be as morally bound to be present and hear it."

The meeting closed with the re-election of the retiring officers, after which the president was "mine host," and entertained the society right royally.

RELIGIOUS FAITH AMONG DOCTORS.—We recently published the declaration of faith, made on his death-bed, by the late Dr. Tilbury Fox. The London *Lancet* makes this

declaration the text of an article on "The Spiritual in Man." No rational being can be indifferent to this question, and although it is perhaps a little foreign to the province of a medical journal to discuss it, the philosophic manner in which it is here presented justifies us in reproducing our contemporary's article:

"The time has come to speak out boldly on this subject, and we are persuaded the good sense and self-respect of the profession will approve the protest against that spirit of restless antagonism to the claims of religion which has unhappily obtained fuller expression in a small section of our ranks during the last few years, and which, if not repudiated, must be expected to increase. The position we assume in reference to this matter is one which may easily be defined. We are not the apologists of any special creed, but we say faith is a rational and natural form of mental activity. The religious instinct is an essential part of man's nature. There is a distinctly spiritual side to his character. The existence of hopes, fears, and aspirations—call them susceptibilities only, if one prefers the term—is in itself evidence that there are spiritual surroundings and subjects of thought which call these forms of energy into existence. It is scientifically possible that not one of the forms of belief extant may be true to fact, and yet the existence of faith proves conclusively that there is subject for faith.

It is not philosophic to affirm that nothing exists or can exist beyond the scope of our observation. It is not rational to believe that man has been imbued, as we find him imbued, with a longing for personal immortality, without the existence of a future state which has called forth and will hereafter justify his aspirations. Nor is it scientific in a practical sense to consider the intellectual development of human nature complete without the manifestation of a religious element in the character. He is not of sound mind who has no cognizance of the spiritual part of his own nature. We make this assertion without hesitation and in full view of the puerile remark it may provoke. We deny that faith is a pure figment of the imagination, and that the religious emotions are simply visceral in their origin and nature. We take our stand upon the broad basis of fact, and find faith, religion, and a spiritual phase of the human intellect falling within the compass of the mind. Moreover, we find the moral character largely influenced by the motives and impulses that spring from without. In the face of these evidences we cannot but recognize the value and importance of earnest views of life and the future.

It is therefore with sincere satisfaction we observe the effect which has been produced by the posthumous confession of a simple Christian faith promulgated in these columns at the request of the late Tilbury Fox. We venture to hope it is only the formal expression of belief which has constituted the notable feature of this case.. The faith exceptionally expressed is, we are glad to believe, widely cherished. There would seem to have been a feeling prevalent in the medical profession of late years that men of our cloth should avoid the avowal of their personal sentiments on religious subjects. We agree that the physician should not usurp the functions of the minister of religion, but he is forbidden by the spirit of manliness to take refuge in the opposite extreme of moral cowardice with a pretense of indifference Men engaged in the ministry of medicine in the chamber of sickness and by the bed of the dying must needs have solemn experience, and there is doubtless a tendency to arm the sensitive nature and conscience against the pathetic appeal of scenes in which we are professionally engaged. Against this leaning toward an assumed and artificial state of apathy it is necessary to guard. The dying confession of our friend and colleague may help some to take up a better and a healthier position in regard to subjects of the highest and most enduring concern.

The use made of the incident to which we have alluded by clergymen and ministers of every denomination is to be commended, albeit some of the remarks offered have been marred by sneers at the medical profession, which we feel to be undeserved, and therefore discreditable. It remains to hope that others will find in the few telling sentences left upon record by Dr. Fox an occasion for equally wise and generous comment. For ourselves and the profession as a body we claim to be considered as having neither part nor interest in the speculations of men who mistake a spirit of sententious skepticism for scientific zeal and acumen; and who, by the restless energy of their enterprise against religion, and their unwearied anxiety to deprive man of his hope beyond the present, are unwilling witnesses to the truth they assail, the unconscious contributors of a living testimony to a faith they despise. Such short-sighted laborers in the field of science, blind to all that lies around and outside the circle of a narrow vision, may be good and true workers within the limits of their enterprise, but they err egregiously in closing their eyes to every thing beyond."

ILLINOIS STATE BOARD OF HEALTH AND ADVANCED MEDICAL EDUCATION.—Evidently our Illinois neighbors have committed an oversight in their laudable efforts at elevating the standard of requirement of medical practitioners within their State borders. Their State Board of Health recently adopted the following: "Resolved, That on and after July 1st, 1879, the Board will not recognize the diplomas of any medical school which does not require of its graduates the actual attendance upon at least two full

courses of lectures with an interval of six months or more." This, of course, is intended as a remedy against those institutions which have been in the habit of having two courses of lectures in one year, but, construed literally, it will exclude colleges which have taken the most advanced steps in medical education. We might instance the University of Michigan, which has extended its course to nine months; here it is possible only to have three months between terms.

PRURITUS SCROTII.—The following have been received in reply to Dr. Hendershott's inquiry in the last issue of the NEWS. Dr. C. C. Yemans, of Detroit, writes: I will try to answer the question of Dr. Hendershott in your last number. Pruritis, *sine eruptionis*, is not strictly a skin disease. A secondary eruption, however, is often the result of effort to relieve the itching by scratching the parts affected. Prurigo (Hebra) is a papular eruption seldom, if ever, seen in this country; but that which we call prurigo is in most cases caused by pruritus from pediculi, the apices of the vesicles being scratched off, leaving a little spot of blood on the wounded epidermis. In children a variety of anomalous eruptions is caused in this manner. Pruritis depends on a variety of constitutional causes, as, for example, the elimination of some of the constituents of bile or urine by the skin. The practitioner must, of course, discover any general or local cause for the disease, and take care to negative its results. There is a senile pruritis most difficult to successfully treat, the pathology of which is very obscure. As to Dr. Hendershott's case, the pruritis scrotii may be the result of chronic urticaria, for which we have no routine treatment; it may be a nervous affection and very intractable. Good local application may be:

℞. Chloral hydratis.
Camphor.....ää gr. xx.
Vaseline (ungt. petrolei) vel. ol olivæ, ℥i.
Ft. unguentum.
Sig.—Apply twice daily.

Or it may be a chronic eczema, which should be treated on the general principles governing such cases:

℞. Potassæ causticæ..... ℥i.
Picis liquidæ..... ℥ii.
Aquæ ad..... ℥i.
Mix. Add one part of mixture to eight or ten of water and use as lotion twice daily.

Or, intertrigo, in which case apply dry hydrarg. chlor. mite dusted over the surface.

Or, psoraisis: wash with fl.ext. berberis aquifolium (Parke, Davis & Co.) often.

Or, again, it may be pityriasis versicolor—parasitic—it which case use:

℞. Sodii hyposulphitis..... ℥iv.
Aquæ ad..... ℥vi.
Mix. Use as wash.

One must not overlook the presence of pediculi, or the trade, mode of life and habits of the patient. If no lesion can be found, applications of hot water, or of strong soap followed by hot water applications. In short one's success is conditioned in this as in other case on accuracy of diagnosis.

Dr. J. B. Sprague, of Springfield, Ill., writes: The case might be diagnosed as herpes, or as one of the syphilodermata. Practically it matters little what the nature of the blood affection is, as alteratives are indicated in all such cases. The diet must first be regulated. Eschew pork and hot bread, and douche the scrotum three times a day with salt water, after which apply bromo chloralum in weak solution. Give internally:

℞. Maltine..... Oj.
Ex. berberis aquifol. fl..... ℥jv.
Ex. cascaræ sagradæ fl..... ℥jss.
Mix. Sig.—Two teaspoonfuls three times a day after meals

Dr. J. B. Sullivan, of Stanton, Mich.: I would advise a trial of the following:

℞. Sulphite of soda..... ℥ij.
Water..... ℥j.
Mix. Apply to scrotum thoroughly every three hours until relief. If not wholly relieved in one week, then use it stronger.

A PECULIAR CASE.—Dr. J. B. Sullivan, of Stanton, Mich., writes as follows: The following somewhat remarkable case has both interested and perplexed me, and I desire to submit it to the readers of the NEWS with a request for light on the subject. A bride, who had entered matrimony but four weeks previous to her consulting me, called at my office lately, and, with much embarrassment and hesitation, gave me these particulars: On having coition with her partner, no difficulty is experienced until the point of the culmination of the orgasm, when he is seized with a complete numbness and loss of all pleasurable sensation in the penis. This numbness is immediately followed by a feeling of pain which is intensified on the slightest motion, and which at times is so excrutiating as to forbid a separation for upwards of an hour, or until the penis has become flaccid. This case is without parallel in my practice, and having failed to secure any aid from the books, I have sought the NEWS with the hope that some of its readers may have met and successfully treated similar cases, and may thus be able and willing to prove friends in need.

BALKY HORSES.—Doctors are as frequently interested in the subject of the balky horse as any other class of citizens. The following rules promulgated by a society for the prevention of cruelty to animals, if successful, will remove a source of much suffering to man:

1st.—Pat the horse upon the neck; examine the harness carefully, first on one side then on the other; speak encouragingly while doing so; then jump into the wagon and give the word to go; generally he will obey.

2d—A teamster in Maine says he can start the worst balky horse by taking him out of the shafts and making him go round in a circle. If the first dance of this kind does not cure him, the second one will be sure to do it.

3d—To cure a balky horse simply place your hand over the horse's nose and shut off the wind till he wants to go, and then let him go.

4th.—The brains of horses seem to entertain but one idea at a time; thus continued whipping only confirms his stubborn resolve; if you can by any means give him a new subject to think of, you will have no trouble in starting him. A simple remedy is to take a couple of turns of stout twine around the fore leg, just below the knee, and tie in a bow-knot. At the first check he will go dancing off, and, after going a short distance, you can get out and remove the string, to prevent injury to the tendon in your further drive.

AMERICAN GYNÆCOLOGICAL SOCIETY.—The fourth annual meeting of this society was held at Baltimore, on the 17th, 18th and 19th ult. A large amount of work was transacted, and much was laid over owing to lack of time.

Dr. E. W. Jenks, late of this city, in lieu of his personal attendance, sent in a paper on "Intra-uterine Injections in Puerperal Septicæmia."

The following are the officers-elect for the ensuing year: *President*—J. Marion Sims, of New York. *Vice Presidents*—Robert Battey, of Rome, Ga., and W. T. Howard, of Baltimore. *Members of Council*—Wm. Goodell, of Philadelphia; E. W. Jenks, of Chicago; A. D. Sinclair, of Boston, and A. J. C. Skene, of Brooklyn. *Secretary*—James R. Chadwick, of Boston. *Treasurer*—Paul F. Mundè, of New York.

The next annual meeting will be held in Cincinnati, beginning on the first Wednesday in September, 1880.

FROZEN MEDICINE.—At the recent meeting of the British Medical Association, Dr. Edwyn Andrew called attention to a new method of using ice. He thought that the effects of the cold could be supplemented by combining with the ice during the process of freezing the active principles of drugs. In this manner ice may be rendered highly antiseptic, caustic or styptic. In diseases of the throat and stomach, and in hemorrhage from the internal organs, ice might be pleasantly used to relieve symptoms, and at the same time to convey medicine or food to the stomach, when the latter would not retain them in any other way.

This hint is one of great practical importance, and an ice cream freezer might be used with advantage in carrying out the suggestion. Many articles are also relieved of their unpleasant taste by this method.

We mistake the temper very much of the "professors" of the country, if the following treasonable utterances of the Louisville *Medical News*, do not call for a retraction: "Upon what meat do these professors of medicine feed, that they should be so exalted—rather whose beans have swelled them? Surely their nobility is not in their scarcity, and the wherefore of their unapproachableness is not patent to the ordinary eye. We scan the horizon, and amid the ten thousand who essay to teach the art, where are the hundred in whose presence an ordinary mortal should put off his shoes?"

Book Notices.

PHYSIOLOGY AND HISTOLOGY OF THE CEREBRAL CONVOLUTIONS; ALSO, POISONS OF THE INTELLECT. By Chas. Richet, A. M., M. D., Ph. D., former Interne of the Hospital of Paris. New York: Wm. Wood & Co. Detroit: E. B. Smith & Co.

This is a very thorough and comprehensive treatise on the subject of which it treats—thorough and complete as far as the knowledge of the arrangement and morphology of the cerebral convolutions goes, and more attention than usual is given to their structure.

As the Poisons of the Intellect are enumerated alcohol, chloroform, haschisch, opium and coffee. These are regarded as poisons from the definition of a poison "as a substance which cannot enter the composition of the blood, nor penetrate into the organism without causing transient or permanent disorders."

The author regards coffee as the antidote to opium, its effects on the intellect being diametrically opposed to those of opium. "We say generally that coffee produces anæmia of the brain, while opium and al

cohol cause congestion, but this physiological theory is far from being established on a sure foundation, and new experiments are necessary." Coffee is said to delay organic combustion and economizes food.

The book is one which should be generally familiar to the profession.

FIRST STEP IN CHEMICAL PRINCIPLES. By Henry Leffman. M. D., Lecturer on Toxicology in the Summer School of Jefferson Medical College. Fifty pages. Price 50 cents. Philadelphia: Edward Stern & Co.

Physicians who graduated ten years ago are apt to be confused at times by the present nomenclature. To all such the little book before us comes as a friend in need, while to the student about to enter upon the study of chemistry it will prove as useful an aid as could be placed in his hands.

CLINICAL MEDICINE. A Systematic Treatise on the Diagnosis and Treatment of Diseases. Designed for the use of Students and Practitioners of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, etc. Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

The fact of Dr. Flint's name on the title page of a book has long been regarded as a guarantee of the worth of the book. The plan on which the present work has been written makes it supplementary to the author's work on Practice, with which the profession has so long been familiar.

Clinical medicine is the end of medical teaching, but it cannot be reached without a proper preliminary attention to the means which are furnished in the systematic works on practice, pathology, etc.

In the work before us the majority of the subjects treated are very fully and thoroughly discussed. An exception, however, obtains in the case of yellow fever, which is disposed of in about three pages. This is particularly to be regretted, for the subject is one of especial immediate interest, and one which promises to engage a still larger share of professional thought in this country. But, perhaps, in the absence of well defined facts pertaining to the causation and treatment of this scourge, it is just as well not to cumber the mind with theories.

On opening the book at Consumption we copy the following paragraph: "Considering it as a form of chronic pneumonia, its inflammatory character is of course assumed. It is nosologically placed among the local diseases, but from this it is by no means to be inferred that the affection does not involve an underlying constitutional morbid condition, that is, a cachexia. Indeed, the existence of such a condition is logically certain, and this fact enters into both diagnosis and treatment."

Dr. Buckley, the dermatologist, gives his third course of twenty-four free lectures on diseases of the skin, in the New York Hospital, commencing on the 8th inst.

Paragraphs.

Edison believes he will yet be able, by passing an electric burner into the stomach, to illuminate the interior of the body.

The report of an Irish benevolent society reads: Notwithstanding the large amount paid for medicine and medical attendance, very few deaths occurred during the year.

A member of the faculty of a new medical college to be started in St. Louis remarks: "We venture to call especial attention to the fact that the new college complys with all the requirements of the 'higher standard' of medical education." We infer from this that "phonetic orthography" constitutes a requirement of the "higher standard"—at least, "complys" is a new word to us.

Prof. Grainger Stewart, delivering an address to the graduates in medicine at the University of Edinburgh the other day, told of a practitioner who, when asked, forty years ago, whether he believed in phrenology, replied: "I never keep (he had a shop) and I never use it, but I think it highly probable that if given frequently and in liberal doses it may be useful in irregular gout."—*New Preparations.*

Public Health was the name of a sanitary weekly recently announced. It appeared, we think, two or three times (although we saw it but once) before this disease-infected world, when, although it had a formidable array of sanitarians on its title page who promised to stand up for it, death wrapped its dank, cold arms about it and drew it down. It hadn't sufficient sand in its make-up, and sugar (taffy) doesn't endure. Gone to meet the *National Medical Review.*

It was a beautiful conceit of the physician's little daughter, whose father had induced her to take some quinine pills by representing them as humming birds' eggs. When the drug began to produce its characteristic effects on the ears, the child ran to the parent in great glee, saying that the eggs had hatched and that the little birds were singing in her ears.

A man was recently convicted of a petty theft before a police court. He had once been a prominent physician, and dated his downward course from the time that he cheated the publisher of his medical journal out of the subscription price. After that, he said, he found that every piece of rascality came easy to him. The moral here needs not be pointed out, and we shudder for the future of some.

Extract from a Chicago homœopathist's circular: "Homœopathic medicine exposed to heavy smells or perfumes is useless, destroyed and wholly valueless in cure!!!" The presence of the medicine in a general drug store is sufficient to neutralize its properties, and many of the failures of homœopathy are

The highest mortality from yellow fever last year was reached at New Orleans and Vicksburg during the first week of September, and in Memphis during the second week. This year the maximum was reached during the last week in August, in Memphis, since which there has been a slow but steady decline. This leads to the hope that the total disappearance this year will occur much earlier than it did last year. Of course, until frost sets in there will be no absolute certainty that the dying embers will not be fanned into a flame, and it will not be safe for refugees to return to the desolated districts. Let us hope that this *bete noir* of medicine may be sufficiently met by advancements in sanitary science before another summer, to prevent its gaining a foothold on our soil.

Dr. G. W. Hendershott, of Mill Shoals, Ill., writes to the NEWS that he has a case of pruritus of the scrotum, of several years standing, which has thus far resisted treatment. The patient's general health is good. Dr. H. asks for a prescription from any of our readers who may have treated a similar case successfully.

Book Notices.

MATERIA MEDICA AND THERAPEUTICS VEGETABLE KINGDOM. By Charles D. F. Phillips, M. D., F. R. C. S. E., Lecturer on Materia Medica, Westminster Hospital, London. Edited and adapted to the U. S. P. by Henry G. Piffard, A. M. M. D., Professor of Dermatology, University of the City of New York, Surgeon to Charity Hospital, etc, New York: Wm. Wood & Co.

This is the September number of Wm. Wood & Co.'s library series. The characteristic of the work is its practical nature, the book being largely the record of the author's experience in the use of the drugs treated of, and this is after all what is most wanted in a work of this nature. Dogmatic teaching has its objections, of course, but it is much more valuable to the practitioner than the discussion of abstract questions. The profession would probably be gainers rather than losers were publishers, for a season at least, to suspend the issue of books of the theoretical and abstract class. We want the theories already advanced to be put to the crucial test of experience, and books which record this experience will be in demand. The book before us is one of this class. The American editor's work has been something more than merely clerical. He has added a number of indigenous drugs and has, besides transforming the posology to conform to the U. S. P., made notes and comments which are especially valuable to the American practitioner.

A MANUAL OF MIDWIFERY FOR MIDWIVES AND MEDICAL STUDENTS. By Fancourt Barnes, M. D., Aber., M. R. C. P., Lond., Physician to the General Lying-in, and to the British Lying-in Hospital, etc. With Illustrations. Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

The title of this little book explains its object. The work is somewhat elementary, and is, perhaps, for that reason, although intended for ths student, all the better fitted for the general practitioner. One is very apt to fall into routinism in midwifery, and it does him good to resort, occasionally, to first principles. Dr. Barnes is the son of his father, the illustrious Robert Barnes, and the result of paternal training is evident in the little book he has given us.

DISEASES OF THE THROAT AND NASAL CAVITIES. By Carl Seiler, M. D., Lecturer on Laryngoscopy at University of Pennsylvania, etc. With thirty-five illustrations. Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

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The highest mortality from yellow fever last year was reached at New Orleans and Vicksburg during the first week of September, and in Memphis during the second week. This year the maximum was reached during the last week in August, in Memphis, since which there has been a slow but steady decline. This leads to the hope that the total disappearance this year will occur much earlier than it did last year. Of course, until frost sets in there will be no absolute certainty that the dying embers will not be fanned into a flame, and it will not be safe for refugees to return to the desolated districts. Let us hope that this *bete noir* of medicine may be sufficiently met by advancements in sanitary science before another summer, to prevent its gaining a foothold on our soil.

Dr. G. W. Hendershott, of Mill Shoals, Ill., writes to the NEWS that he has a case of pruritus of the scrotum, of several years standing, which has thus far resisted treatment. The patient's general health is good. Dr. H. asks for a prescription from any of our readers who may have treated a similar case successfully.

Book Notices.

MATERIA MEDICA AND THERAPEUTICS VEGETABLE KINGDOM. By Charles D. F. Phillips, M. D., F. R. C. S. E., Lecturer on Materia Medica, Westminster Hospital, London. Edited and adapted to the U. S. P. by Henry G. Piffard, A. M. M. D., Professor of Dermatology, University of the City of New York, Surgeon to Charity Hospital, etc, New York: Wm. Wood & Co.

This is the September number of Wm. Wood & Co.'s library series. The characteristic of the work is its practical nature, the book being largely the record of the author's experience in the use of the drugs treated of, and this is after all what is most wanted in a work of this nature. Dogmatic teaching has its objections, of course, but it is much more valuable to the practitioner than the discussion of abstract questions. The profession would probably be gainers rather than losers were publishers, for a season at least, to suspend the issue of books of the theoretical and abstract class. We want the theories already advanced to be put to the crucial test of experience, and books which record this experience will be in demand. The book before us is one of this class. The American editor's work has been something more than merely clerical. He has added a number of indigenous drugs and has, besides transforming the posology to conform to the U. S. P., made notes and comments which are especially valuable to the American practitioner.

A MANUAL OF MIDWIFERY FOR MIDWIVES AND MEDICAL STUDENTS. By Fancourt Barnes, M. D., Aber., M. R. C. P., Lond., Physician to the General Lying-in, and to the British Lying-in Hospital, etc. With Illustrations. Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

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abdominal muscles, makes the most effective inward traction. Inversion of the body, however, displaces the viscera so far toward the uppper part of the body that the abdominal muscles cease to have any power to expel the viscera downwards, and their relaxation is then a matter of no consequence.

THE DIFFERENT METHODS OF ARTIFICIAL ALIMENTATION.—Dr. T. J. Gallaher, of Pittsburg (New York *Med. Jour.*, August, 1879,) read a paper on Artificial Alimentation before the Bedford Medical Club, from which the subjoined abstract has been made: 1. Injections into the rectum of beef tea and broths of various kinds have been tried for many ages. Albuminous, caseous and fatty elements of such enemata, without previous digestion, cannot be absorbed by the large intestines. Five fistulous openings having formed in the lower part of the colon in a gentleman, who had long suffered from scrotal hernia, which had inflamed and ulcerated, offered a good opportunity to investigate rectal alimentation. The extent of colon under investigation was about twelve inches from the sphincter. From 617 to 772 grains of water were absorbed in seven hours. White of hard boiled eggs cut small, shreds of fibrine, soluble albumen, starch and fats were neither dissolved nor digested. When these substances were subjected to artificial digestion they were dissolved and absorbed. 2. When from disease rectal injections cannot be used, food may be introduced through the œsophagus tube. A tube with double canula is preferred, that the gastric gases may escape while the food is being introduced. 3. In consequence of difficulty or danger in administering food by other methods, feeding by the nose has been suggested and successfully carried into effect. Two to four drachms may be injected at a time. Time should be given between each syringeful for the patient to swallow and breathe. In some cases a funnel has been found more convenient than the syringe. 4. Hypodermic injections of nourishment have been tried with reported success. 5. Transfusion of blood or of milk has been tried, but further experiments are required before this method can be assigned to its proper place as a means of supplying nourishment to patients.

ORIGIN OF THE STETHOSCOPE.—One day as he [Laënnec] was crossing the court of the Louvre, he observed some children who, with ears applied to the two extremities of a long beam, were transmitting reciprocally the light sound provoked by the stroke of the finger against the opposite end. In the intermediate space no sound was perceptible. The careful observer reflected, and soon, like Archimedes, he was able to exclaim, "*I have found it.*"

Some time afterward, in fact it was in 1816, being consulted for a young woman who presented general symptoms of heart disease, in which percussion gave small results on account of the stoutness of the subject, the age and sex of the patient forbidding his listening directly with the ear, he remembered the children of the court of the Louvre. Immediately he took a paper copy-book, of which he made a roll closely pressed together, placed one end upon the chest of the young woman, applied the other to his ear, and found with pleasure that in that manner he could perceive much more clearly the beats of the heart. So a play of children and regard for modesty were two facts which led to the discovery of mediate auscultation.

Laënnec then modified this roll of paper, giving it more firmness, limiting its length to a foot, its diameter to sixteen lines—smoothing the two extremities with a file. Then he made other experiments. He constructed a tubular cylinder of gold-beater's skin, which he filled with air by means of a spout, and of which the central opening was maintained by means of a support of pasteboard; he made an experiment with glass and with metals; finally he stopped with a cylinder of light wood, pierced in its centre with a tube, expanded at the extremity in the form of a funnel. We have seen in our youth the original stethoscope of Laënnec. In truth, it had a size altogether useless, and well adapted to terrify patients.—*A. Chereau, in Arch Gen. de Med., St. Louis Courier of Medicine.*

TREATMENT OF DIPHTHERIA.—Prof. E. J. Bronsdorff, of Sweden, has had a very extended and successful experience in the treatment of diphtheria, and has used the following method for about twenty years:

In all cases, he has endeavored at the outset to determine the nature of the diphtheritic exudation, and its seat. In more than a thousand cases of the disease which he has observed, he has found two different forms of exudation: (1) a superficial and evenly spread coating over one or both more or less swollen tonsils, and the arch or velum of the palate; (2) an exudation extending into the substance of the tonsils, on the surface of which are noticed more or less numerous white-gray spots, for the most part sharply demarcated, and of varying forms. The method of treatment consists in mechanically removing, by every means possible, the exudation and all mortified tissues which can be removed, and, when this has been done as thoroughly as possible, pencilling the surface with a strong solution of nitrate of silver. He dips a wet brush in powdered nitrate of silver, and then makes the application. This operation is to be repeated in severe cases twice a day, according as new masses of exudation are observed, and continued till no further exudation is perceived. The patient should be watched for several days, and should a relapse occur, the treatment must be repeated.—*Hygeia.*

A SIMPLE METHOD OF PREVENTING MAMMARY ABSCESS.—One of the most painful and troublesome ailments of women during lactation is mammary abscess. Many remedies—belladonna, camphor, hot oil, friction, etc.—have been used with results none too flattering to the physician. Now and then some enterprising individual finds an infallible cure, but women still suffer from "broken breasts."

Francis J. Shepherd, M. D., M. R. C. S., Eng., *Canada Med. and Surg. Jour.*, July, 1879), highly recommends the application to the red, indurated and painful breast a large piece of ordinary sticking plaster. The plaster should be large enough to cover the breast. It should have a hole in the central part large enough to leave exposed the nipple and half of the areola. The edges should be deeply nicked about every inch, so that the plaster may fit closely. Several bad cases are given, showing the efficiency of this method of treatment. Bad cases are relieved or cured in a very few days—often one to three.

When the breasts are pendulous they should be supported by bands of adhesive plaster extending from shoulder to shoulder.

This is a modification of the old plan of applying straps of adhesive plaster to prevent mammary abscess—a method which seems to have been very successful in the hands of certain physicians. Dr. Shepherd's method of applying the plaster is much easier than the old one, where a number of narrow strips are used. The results in either method should be similar.

ENDOSCOPE.—A new illuminating apparatus for viewing the cavities of the body accessible from the outside has been invented in Germany, and is attracting considerable attention. Dr. Nitsche, (Buffalo *Med. and Surg. Jour.*, Sept., 1879, from *Wiener Med. Woche*), the inventor of the new instrument, supplies light at the point of the endoscope where it is especially needed, by means of platinum wire kept hot by galvanism. A constant stream of cold water is supplied to prevent the instrument from becoming uncomfortably warm.

By means of this instrument the rectum, bladder, uterus, and other cavities, can be minutely inspected. In examining for calculi, the blind method by the sound is superceded by ocular demonstration, so that mistakes on diagnosis will be impossible.

Dr. Nitsche has been engaged on a stomach illuminating apparatus for some time, and now believes success is about to crown his efforts.

It will be especially interesting when we can view the process of digestion by means of an electric light placed in the stomach.

ON CODEIA AS A SEDATIVE.—No symptom is more distressing to a patient than frequent coughing, and none demands more judicious treatment on the part of the practitioner, if he would avoid undoing with his cough-mixtures all the good he is attempting by his more general therapeutic measures. In phthisis the presence of anorexia makes us unwilling to give opium or morphia, and frequently, when we do so, we have reason to regret it. Many patients, especially gouty subjects, and those who suffer much from derangement of the liver, are intolerant of opium and morphia. On account of these difficulties I have been led to employ codeia in such cases, in the hope that it might be of service, and it has succeeded beyond my anticipations. In phthisis it allays cough without disturbing the digestive system; and, in the other class of cases I have found it tolerated when opium and morphia were not. As an instance of the latter, I may quote the case of a medical friend, a member of a gouty family, a frequent sufferer from migraine and derangement of the liver, and well aware of his intolerance of preparations of opium. He complained of a troublesome cough, depending on slight catarrh of the trachea and bronchi, and, at my suggestion, tried codeia, with all the benefit and none of the ill-effects of opium. I prescribe the drug in doses of a grain, dissolved in syrup of tolu. The French medical papers constantly contain advertisements of codeia syrup, and probably it is well known as a cough tincture in this country; but I was not aware, and others may have been ignorant as I was, that it has those advantages over the preparations of opium and its other alkaloids. I therefore venture to call attention to it. Its value in diabetes is, of course, fully recognized.—*Brit. Med. Journal.*

CONVERSION OF CALOMEL INTO CORROSIVE SUBLIMATE.—With reference to the question as to whether a mixture of calomel and sugar made up into powders gives rise to the formation of corrosive sublimate, the testimony seems to tend to the negative. G. Vulpius (*Archiv de Pharmacie*) has arrived at the following conclusions: 1. No corrosive sublimate forms in twenty-four hours in mixtures of calomel with white sugar, milk sugar, calcined magnesia, carbonate of magnesium, or bicarbonate of sodium. 2. No such formation takes place in three months in mixtures of calomel with calcined magnesia, carbonate of magnesium, and sugar. 3. Mere traces of corrosive sublimate are found at the end of three months in a mixture of calomel, bicarbonate of sodium, and milk sugar. 4. A considerable quantity of corrosive sublimate forms in the same time in a mixture of calomel, sodium bicarbonate, and cane sugar. 5. Corrosive sublimate forms in calomel powders containing calcined magnesia or sodium bicarbonate, if digested with water. 6. The formation of corrosive sublimate in mixtures of calomel and alkalies, digested in water for a short time, is not favored by the presence of hydrochloric acid, but, on the contrary, hindered to some extent, on account of the neutralization of the alkalies by the acid.

PERMANGANATE OF POTASSA IN THE TREATMENT OF CHRONIC OTORRHŒA.—Dr. Howe claims to have had excellent results in chronic otitis media purulenta from the use of permanganate of potassa. The solution varied in strength with the severity of the case, two grains to the ounce being used in the milder cases, increased to four, six, or even eight grains to the ounce in the more severe. After thorough syringing with tepid water, a few drops of the permanganate solution were poured into the ear, and allowed to remain five or ten minutes, if it produced no smarting or burning sensation. If decided inconvenience followed, however, it was washed out sooner. When the discharge was at all abundant, this was repeated twice daily, and if very profuse, the ear was kept clean by more frequent washings with water alone. Of the 53 cases treated in this manner, 40 have entirely recovered in an average time of thirty-eight days; in six the discharge recurs at intervals; in 4 it is continual, but lessened as to quantity and the fetid character of the odor; in three it still persists. These results are rather better than follow the use of most of the remedies recommended in this disease. Dr. Howe thinks that in this disease permanganate of potassa can be relied upon to heal safely, quickly, and easily.—*The Buffalo Medical and Surgical Journal.*

UTERO-OVARIAN AMPUTATIONS.—The New Orleans *Med. and Surg. Jour.*, September, gives from *Indepenđente* of Turin, Prof. Berruti's table of the operations for utero-ovarian amputations since 1876. There were 29 cases, with 13 recoveries and 16 deaths. These were all in continental Europe, and consequently cannot be a complete list. Several of these patients were operated on while in articulo mortis, as it were, and others for serious ailments. Under these circumstances the mortality, nearly 45 per cent., is not so very excessive.

It has been suggested that this operation be performed to prevent conception, and thus avoid the inconveniences of maternity. The results shown by Prof. Berruti's table would indicate that the operation, if performed on the healthy female, is not much more serious than that performed by the abortionist. It has one advantage, however, for when once performed repetition will not be required, as in induced abortion.

NARCOTISM FROM NUTMEG.—Dr. Barry (*St. Louis Clin. Record*) gives the following case: Mrs. N., aged 38, mother of four children, was confined on June 29, at nine o'clock. The child was a girl, and the largest I have ever seen; weight, fourteen and one-half pounds. Labor natural and easy. Had a light spasm after the last pain. The spasm was hysterical. On the 30th the "old women" persuaded her to take nutmeg tea. One and a half nutmegs were used in making the tea, and she drank it during the day. About 10 P. M. she began to get drowsy. By four o'clock the next morning she was in a profound stupor. At 10 A. M. the narcotic effects of the nutmeg began to die out, and by 4 P. M. she had pretty well recovered. The symptoms were about the same as those produced by opium, and the remedies were the same.

Formulary.

CARMINATIVE TEA.—

℞.	Anise seed	1 part
	Caraway seed	1 "
	Coriander seed	1 "
	Fennel seed	1 "
	Angelica root	1 "

Mix.

FOR CYSTITIS.—(Gross.)

℞.	Copaibæ balsami	℥ iv.
	Acidi benzoici	ʒ iv.
	Gummi arabici.	
	Sacchari aa	℥ ij.
	Gaultheriæ olei	gtt. xx.
	Aq. camp q. s. ad	℥ viij.

Mix. Sig.—A tablespoonful every four hours.

TREATMENT OF CORYZA.—

℞.	Potas. chloratis	gr. xvj.
	Sodii boratis	gr. viij.
	Catechu, pulv	gr. jss.
	Infus. adianti cap. ven. fol.	℥ iij.
	Decoct. altheæ rad	℥ iss.
	Spir. limon	gtt j.

Prepare infusion of maiden hair (*Adiantum Capillus Veneris L.*) and the decoction of marshmallow (*althea officinalis*), each from one drachm of the substance. Mix; then dissolve the mixture in the salts and add the catechu; then filter and add the spirit.

The mixture is diluted, for use, with hot water, so as to produce a slightly warm liquid, which is to be snuffed up into the nostrils as far back as possible; two or three applications are sufficient. Afterwards it is important to waite as long a time as possible before blowing the nose. In the beginning of coryza this is quite effective; its effects are fully realized in from six to twelve hours.—*La Ruche Pharm. —New Remedies.*

FOR BARBER'S ITCH.—

℞.	Prepared chalk	10 parts.
	Coal tar	1 to 4 "
	Glycerine	5 "
	Simple cerate	50 "

Or the following:

℞.	Prepared chalk	8 parts.
	Coal tar	1 to 2 "
	Linseed oil	20 "

Shave off the hair, or cut them very short; then apply this ointment once or twice a week.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, OCTOBER 25, 1879. No. 20

Editorial.

Inebriety.

The question of inebriety is one which is fraught with vital interest to humanity, whose attention it has engaged, according to the records, ever since the days of Noah, at least when that good man, like Cassio and many another good man since, put the enemy into his mouth which stole away his brains. We are all tolerably familiar, both through actual observation and the phillipics of the temperance rostrum, with the evils which alcohol directly causes and entails on the race. These evils are certainly of sufficient magnitude to stimulate to the utmost the means devised for their removal or amelioration, and the zeal which in these latter days has characterized the total abstinence advocate, although at times misdirected, is nevertheless a redeeming feature of the civilization which has given rise to the evils against which he inveighs. Reformers, however, are apt to become zealots, and thus in a measure defeat the end for which they labor. It is an infirmity of human nature that men are prone to a one-sided development, and it is only a superior mind that, resisting the tendency to bias, becomes fully rounded in all its parts. It follows, therefore, quite in the nature of things that there is much of intolerance mixed up with the enthusiasm of the reformer. In the temperance crusade those who do battle hoist the black flag, show no quarter, admit of no excuse, palliate no dereliction, and show little charity. The heart rather than the head guides their conduct, and in a very proper sense of the phrase, ignorance is the mother of much of their devotion. Being, as a rule, unversed in the underlying conditions which lead to alcoholic excesses, they make no effort at classification, but group all who drink under one head, and ascribe their motive either to the innate perversity of human nature or the machinations of the great enemy of man's good. We hail, therefore, as a harbinger of better things in store for the miserable victims of an unsatiable thirst for strong drink the dawning of the recognition of the classes into which medical men and alienists insist that those who drink should be divided. In numerous instances the drinker is scarcely, if at all, more responsible than if he were afflicted with any of the species of mania which by universal consent would absolve him from all responsibility, moral and legal. Of course the great bulk of the drinking habitually indulged in, in conformity to the pernicious custom which prevails, is without the shadow of an excuse, but that it may eventually lead to a condition of the system constituting a disease, neurosis or veritable dipsomania, under which the individual is irresponsible for his acts, and a condition which, in obedience to the great and inscrutable law of heredita-tion, is liable to be entailed on the offspring, is as fixed as any of the other facts of science. When our reformers, with all their commendable zeal and disinterested love of their kind, are brought to recognize this fact, we will witness the inauguration of a much more intelligent and a much more just and humane and, therefore, more effective plan of combating the great evil. With a proper appreciation of the physical causes of intemperance, institutions for the treatment of drunkards would be as common throughout the land as the asylums for the insane.

An authority* on the question, in referring to the temperance reform movements in which he had been a participant for the past forty years, declares that "any movement to check drunkenness which does not include entire physiological rest to each case is devoid of all elements of success. I am so confirmed in this view that I do not hesitate to say that I know of no individual

*Dr. Day.

case of inebriety that has been cured in any other way than from the basis indicated. The direct path to inebriety is a pathological one, and when this point is reached the whole condition is one of disease." Another,* in discussing the etiology, remarks:

"Hereditary taint is no doubt the most important element. There are, however, two important kinds of hereditary taint:

"1. That dipsomania is a neurosis and only a variety of insanity, other members of the same family either being insane, epileptic, eccentric, or hysterical; or some of the parents or grandparents being afflicted with one or other of the above neurotic affections.

"2. That dipsomania as a neurosis only arises from an acquired habit of the parent. That is to say, a man drinks hard either because he is fond of luxurious living or from mere habit of his associates, and the result of this drinking is that his children have a strong tendency to become dipsomaniacs.

"So as not to produce misconception, we state here that drunkards and drunkenness is an entirely different thing from dipsomania.

"After hereditary causes, almost the only one is its acquirement by habits of life. Injuries to the head occasionally produce periodic dipsomania. It is extremely difficult to say often which is the real cause, as they react so much on one another. But one thing is evident—dipsomania is rare among the lower classes: it is a disease almost entirely found among the upper classes.

"We do not mean to infer that the lower classes do not drink - of that there is no doubt. But the lower classes are merely drunkards when they drink, or else they acquire those numerous organic affections consequent upon beer and gin drinking, such as granular liver and kidney, diseases of the arteries, etc.

"Those who most often become dipsomaniacs are those who either are rich themselves or are thrown among those who have money and live extravagantly.

"The army and club life are most dangerous schools for any one with a hereditary disposition to dipsomania. For liquor is the main stay of idle men, and in peace time there is not the slightest doubt about officers having an idle life, The numbers of idlers always present at clubs speaks for itself."

*J. Kingston Barton, F. R. C. S., London.

Professional Etiquette.

Whileit is, doubtless, well to have some such formulated expressions of the princi ples which should regulate the conduct of physicians in their dealings, one with another, as is contained in the code of ethics, when the letter of that code is regarded as above its spirit, trouble and misunderstanding are sure to follow. A man may be the meanest of his kind and still be a law-abiding citizen; he may vary not one jot nor one tittle from the path laid out for him to tread, and yet be worse and less trustworthy than he who at times flagrantly transgresses. This is not a paradox. The experiences of a "Successful Practitioner," as given in recent numbers of the *Medical Record*, demonstrate conclusively that a man may smile and smile, and be a villain still. "Successful Practitioner" has his prototype among the acquaintances of all of our readers. The recent graduate runs across him very soon after hanging out his shingle, and for a long time congratulates himself on being so fortunate as to secure such a man for a friend. Sooner or later, however, generally sooner he discovers the snake in the grass, but the tail of the serpent on his reputation in the community is not so soon effaced. It becomes the young practitioner to look suspiciously on the old practitioner with the oily tongue and the smiling, smirking visage, who shakes his hand early and often, who professes so much interest in his prospects, and who promises that he will be of so much service to him. If he is ordinarily sharp he will soon become aware of the fact that he is regarded in the community as a "very promising young man, well read, and with a mind stored with book knowledge, but lacking that experience which, you know, is absolutely essential to the proper care of the sick."

It is as impossible to make a gentleman by rule as it is to make a Christian by legislation. Unless nature has made "Do unto others as ye would have them do unto you," a fibre in a man's moral make-up, the code will only be a very superficial veneering to him. It will require no "detecting spear of Ithuriel" to reveal his true character; the very small affairs of every-day life will show him up.

An Instructive Case.

The Canada *Lancet* for October contains a notice of a case which affords an additional illustration of the peculiar dangers to which practitioners are liable, and to which we took occasion to refer some time ago. Emily H. Stowe, M. D., of Toronto, was consulted by a woman who desired to procure an abortion. She at first refused to consent to the proposition; but, as the woman threatened to commit suicide unless she were relieved, Dr. Stowe yielded so far as to write her a prescription copied from Ellis' Formulary, containing one ounce of the tincture of hellebore, one ounce tincture of myrrh and two drachms of tincture of cantharides, with directions to take thirty drops of the mixture three times a day. This prescription was taken to a druggist, who put it up. This was in the month of May. In August, the girl died suddenly of congestion of the lungs, and, an inquest being held, the above facts were brought out. Dr. Stowe was accordingly arrested on the charge of "having administered poisons, viz., hellebore and cantharides, and also a noxious thing, to wit, myrrh, to one Sarah Ann Lovell, with the intention of procuring a miscarriage of the said Lovell." It does not appear that an abortion was procured by the administration of the medicine, but the attempt, though unsuccessful, is, of course, a misdemeanor. The prosecution, however, failed to prove any criminal intent, and was only able to show that the medicines were injurious only when given in larger doses than those given by Dr. Stowe.

There are probably few practitioners who have not at some time rendered themselves liable to prosecution on a charge similar to the above. It is, we believe, by no means an unusual thing for physicians to prescribe some harmless mixture, especially to married women who come soliciting an abortion. The deception is, we believe, justifiable, as under the belief that the medicine will produce the desired result the woman is frequently kept away from the professional abortionist. The Stowe case, however, shows the trouble into which the physician is liable to get himself by his laudable effort to prevent a crime.

The ruling of the judge in the Stowe case in regard to the giving of a prescription is worthy of notice. The counsel for the defense contended that the giving of a prescription containing poisons to a person who applied for it, and afterwards purchased the medicine of a druggist (though it might be an offence in one way) was not an offense under the indictment. The judge briefly reviewed the case, holding that there could be no offense in writing a prescription and handing it to a person, and there was no evidence to show that Dr. Stowe had told the girl to procure the medicine, or to take it, and the jury must not forget that the doctor had sworn that what she had prescribed for the girl was harmless. He therefore directed that a verdict of "not guilty" should be rendered, which was at once done.

We would request the attention of such non-subscribers as may receive a specimen copy of this issue of the NEWS to the enclosed prospectus. With the coming year four more pages will be added to the reading matter, and certain other changes in the arrangement of the pages of the advertising department, etc., will be made, which will add to the attractiveness of the journal. Started less than two years ago after the nature of an experiment, as such enterprises necessarily must be, the NEWS is growing to such dimensions as to demand of us more time than we have heretofore been able to spare from practice. We have, therefore, made arrangements through which we shall in the coming year be able to give it the attention it demands. The subscription price will remain the same, and we would call especial attention to the fact that sixteen pages in each number, thirty-two per month, or a volume of 384 pages will be furnished for the unprecedentedly low sum of one dollar. Nothing but the large and rapidly increasing patronage which the NEWS is receiving would justify any publisher in offering so much matter for so little money. Our subscription list already numbers 3,000

names, but it is our purpose and determination to enter the year with a list of 5,000, and it is only the prospect of reaching this figure which induces us to give the time which we contemplate devoting to the work of conducting the journal. We ask our subscribers to aid us in thus increasing our list. We will furnish the NEWS gratis for the remainder of 1879 to those who remit one dollar for the year 1880.

Through an unfortunate blunder on the part of our mailing clerk, a part of the NEWS subscription list was duplicated at the last issue. The error was not discovered in time to be corrected, and as a consequence the number of copies struck off was not sufficient to cover the list. We would, therefore, respectfully ask those who received duplicate copies to send us back the extra one; by their doing so enough will be returned to meet the requirements.

Miscellany.

PRURITUS SCROTII.—In addition to the prescriptions in our last in response to Dr. G. W. Hendershott's request for advice in the treatment of pruritus scrotii, Dr. N. L. Breck, of Oakland, California, sends the following, which he has also found useful in pruritus of the anus and vulva:

℞. Unguenti hydrarg nit..... 3 ji
Cerati simp..... 3 iij

M. Sig. Anoint the affected parts twice daily. Sometimes equal parts of the citrine ointment and simple cerate will be required, but the above strength will usually suffice.

Dr. Andrew J. B. Jenner, of Detroit, writes:

"*Pruritus Scroti.*"—Experience has taught me that men of a nervous, bilious temperament frequently suffer from itching of the scrotum—and women, of the same temperament, from itching of the pudenda. There is no eruption in either case. Scratching the parts, however, produces such an exquisitely voluptuous sensation, and so intensifies the itching, that continued scratching frequently abrades and excoriates the parts. Such pruritus is not a disease of itself, but merely a symptom of *hyperæsthesia* of the local cutaneous nerves caused by the permeation of *uric acid* or *bile*. Such cases are invariably relieved by the *internal* use of the tincture of aconite. In severe cases, the same remedy may be applied *externally*. The following prescription will, in most cases, suffice: ℞. Tr. aconiti rad., 3 j; ex. aquæ, ʒ xij. Cujus cochleare unum magnum ter quaterve in die sumendum.

The following, from a clinical lecture on Idiopathic Pruritus, by Thompson, M. D., of the Medical Department of the University of the city of New York, and published in the N. Y. *Medical Journal* for the current month, is also of interest in this connection:

This young man, as you will remember, was before us a week ago, when we found that he was suffering from that troublesome affection known as pruritus. Concerning the latter I should like a few further remarks to-day. In true pruritus no pathological changes whatever can be discovered in the skin—not even with the microscope—ex cept such as may be due to the mechanical irritation of scratching. It is to be regarded as a sensor-nervous disease, and this nervous element it is very important to find out. Sometimes, however, pruritus is unquestionably due to some blood disease in the system. Thus it occurs not infrequently in Bright's disease. Its connection with the ordinary forms of jaundice is well recognized: and sometimes it occurs in disease of the liver of malarial origin, where there is little or no jaundice. Here the blood is charged with excrementitious matters in the form of biliary salts, but there may be none of the coloring matter of the bile whatever in it. We can usually judge whether a pruitus is due to trouble of the liver or not by ascertaining whether there is a marked bitter taste in the mouth. If this is the case, we should direct our attention at once to that organ, if we expect to meet with any success in its treatment. After making an investigation of the case, we find that this patient is suffering neither from Bright's disease nor from disease of the liver. There is one hypothesis more that must be taken into consideration before we set down the trouble as of purely nervous origin, and that is, that he may be the subject of diabetes mellitus. I have repeatedly found sugar in the urine in connection with pruritus, and especially pruritus vulvæ. Whenever you have a persistent case of pruritus vulvæ, you should always examine the urine for sugar; and, if you do not find it at one time, search for it again and again until you have demonstrated that there is no possibility of the patient having diabetes. Particularly should you persist in repeating these examinations if you find that the specific gravity of the urine is habitually high—say about 1.030. In diabetes it has been found that the itching of the skin and mucous membrane is due to the presence of a cryptogamic plant of the yeast family and the best remedy by far for it is the sulphite of soda, because it has the property of destroying this. It should be used in

the proportion of about a drachm to the ounce of water. The various preparations of carbolic acid will also prove of service. I dwell especially upon the connection of pruritus with diabetes, because you may not have had your attention called to the fact. For a long time I was not aware of it myself; but every now and then I would meet with an extremely obstinate case of pruritis, where the patient had been from one physician to another, and tried a numberless variety of remedies, until there seemed but little hope of gaining any relief. In each of these I was finally led to suspect the presence of diabetes, from the fact that the patient was troubled with boils, which constitute one of the more or less characteristic phenomena of the affection. Whenever, therefore, you meet with a case of obstinate itching, associated with the formation of boils, you have grounds for the suspicion of diabetes.

But occasionally we find an instance of pruritus where no blood-poisoning whatever can be detected. There is, then, pretty sure to be nerve-exhaustion; and this, by a process of exclusion, we have found to be the case here. For the past week the patient has been taking small doses of phosphoric acid, nitrate of silver, and corrosive sublimate, in addition to the sirup of the hypophosphites, and locally has made use of olive oil. To-day he reports that he feels better and stronger than he did, and that the itching has been somewhat relieved. I would suggest that the same treatment should be continued, and that he should now commence the use of cod liver oil, in emulsion, in addition to the other remedies.

Of course, if any of the forms of blood-poisoning which have been alluded to, or if gout or rheumatism had been present, we should have directed our remedies to the special condition upon which the irritation of the skin depended. Pruritus, I may say in conclusion, when it has been of long standing, frequently has the effect of producing a state of melancholy in the patient; and Hebra has noted that it sometimes becomes a cause even of suicide, on account of the intense discomfort to which it gives rise.

THE MUTUAL AUTOPSY SOCIETY OF PARIS.—Henry M. Lyman, M. D., of Chicago, writes to the *Medical Journal and Examiner* of that city:

"Considerable amusement was excited, a few years ago, by the announcement that a society for mutual autopsy had been formed among the savants of Paris, with a view to advancing knowledge of the structure and physiology of the brain by a correlation of intellectual characteristics with post mortem appearances. The whole thing was generally regarded as a scientific joke of more than ordinary magnitude. But the society appears to have been a genuine fact, and one of its members, M. Asseline, having recently deceased, his brain was carefully examined by his surviving associates, who made a full report of the result to the Anthropological Society of Paris. The following account of the matter is found in *Nature*, Aug. 14, 1879, p. 377:

"'M. Asseline died in 1878, at the age of 49. He was a republican and a materialist; was possessed of enormous capacity for work, great faculty of mental assimilation, and an extraordinarily retentive memory; and had a gentle, benevolent disposition, keen susceptibilities, refined taste and subtle wit. As a writer he had always displayed great learning, unusual force of style and elegance of diction, and in his intercourse with others he had been unassuming, sensitive and even timid. Yet the autopsy showed such coarseness and thickness of the convolutions that M. Broca pronounced them to be characteristic of an inferior brain. The fossa or depressions, regarded by Gratiolet as a simian character, and as a sign of cerebral inferiority, which are often found in women, and in some men of undoubted intellectual inferiority, were very much marked, especially on the left parieto-occipital. But the cranial bones were at some points so thin as to be translucent; the cerebral depressions were deeply marked, the frontal suture was not wholly ossified, a decided degree of asymmetry was manifested in the greater prominence of the right frontal, while, moreover, the brain weighed 1,468 grams, *i. e.*, about 60 grains above the average given by M. Broca for M. Asseline's age. The apparent contradictions between the weight of the brain and the marked character of the parieto-occipital depressions, attracted much attention, and the members of the Société d'Anthropologie have been earnestly invited by M. Hovelacque, in furtherance of science, to join the Société d'Autopsie, to which anthropology is already indebted for many highly important observations. This society is forming a collection of photographs of its members, which are taken in accordance with certain fixed rules.'"

RHUS POISONING.—Dr. J. M. Ward, of Cornelia, Missouri, calls our attention to his note in the *Medical Record* of August 2d, in which he gives his experience with liq. chlor. soda, or Labarraque's solution in the treatment of rhus poisoning. When the skin is unbroken the clear liquor may be applied three or four times a day, in other cases it should be diluted with from three to six parts water.

A letter on the subject from Dr. A. G. Smythe, of Baldwyn, Mississippi, received some time ago, was mislaid. Dr. Smythe has "for several years used a saturated solution of sulphite of soda (in rain or distilled water.) Cloths dipped in the solution and applied to all affected parts as often as may be necessary to keep them moist." While

he is "not over-sanguine as to the special effects of any therapeutic agent, the foregoing has come as near giving entire satisfaction as may be expected from any remedy." He was led to its use in these poisonings from his success with it in the treatment of erysipelas.

PRESERVATION OF THE BRAIN.—Dr. Osler, (*Canada Med. and Surg. Jour.*, August, 1879) presented to the Medico-Chirurgical Society of Montreal a brain paper after the method of Giacomini, of Turin, which renders it quite firm and to appear like a beautiful wax model.

The brain is put in a fifty per cent. solution of zinc chloride. On the second day remove the membrane and turn on the fluid two or three times. At first it floats in the solution, but gradually sinks. Let it remain till it no longer sinks (ten or twelve days), then transfer to alcohol of commerce for ten days, after which it is immersed in glycerine of commerce with one per cent. of carbolic acid. At first it floats, but gradually sinks as the glycerine is absorbed, and can be removed when it gets just level with the liquid. Set aside for several days till the surface is dry, and then cover with gum-elastic varnish.

TUBAL PREGNANCY WITH CORPUS LUTEUM ON THE OPPOSITE SIDE.—Dr. E. G. Janeway reported to the N. Y. Pathological Society,(*New York Med. Jour.*, September, 1879), a case of tubal pregnancy. The woman was thirty-two years old and died of internal hemorrhage. At the autopsy two quarts of blood were found in the abdominal cavity. The left fallopian tube contained a sack one inch long, with an embryo an eighth of an inch wide. The corpus luteum was on the right side.

Without statistics on this point it has generally been supposed that the fœtus, if tubal, and in most cases when in the womb, is on the same side as the corpus luteum. This is another of the mysteries of gestation.

At an autopsy, in Detroit, of a woman who died from the effects of an abortion at about four months, no corpus luteum of pregnancy could be found.

DESTRUCTION OF A CHILD DURING DELIVERY.—Dr. Ebertz, in *Vierteljahrschrift fur Gerichtlihe Medicin*, narrates a rather interesting case for the medical expert. A maid-servant became pregnant by her master. The girl slept with her mother, a retired midwife, aged 71. Delivery was effected at night, and kept secret. Two days after delivery the authorities found the child under the bed with the left arm separated from the body. The child had not breathed after delivery; its skin had a grayish, blanched appearance; the left half of the thorax, the left shoulder, and the soft parts about the left arm, had a reddish-brown color; and blood, partly liquid, was diffused in the muscles and cellular tissue. The tissues had been closely cut in a circular form, and the forearm found fitted evenly into the wounds. The left clavicle was dislocated. There were no cadaveric spots nor livid patches. The internal organs were generally pale, the cerebral sinuses empty, and the heart bloodless. The hemorrhage had been caused by a wound of the brachial artery on the separation of the arm by a cutting instrument. Experts concluded that death resulted from hemorrhage during delivery.

The old midwife, who died in prison four weeks after the confinement, stated that it was a breech presentation, and the child was born dead and as found. The girl states that her mother attended her, an arm presented, but her sufferings were so great that she could not tell what was done.

Held, there had been a left shoulder presentation, forcible traction shown by the dislocation of the clavicle; the tearing off of the arm was effected during life, as shown by the extravasation of blood in the soft parts, and that the traction was by the assistant, as the girl, from the position of the child, would not be able to do it herself. The death of the child must, therefore, be attributed to the blundering ignorance or intentional violence of the midwife.

In cases like this it is customary to dismiss the case when it is found that the lungs of the child have never been inflated with air. There may be many secret births where the life of the child has been intentionally sacrificed during delivery. These may, like the case above, present abundant evidence of violence during delivery, but, as respiration has never been established, no criminal action can be sustained. It would seem to be high time to discard the idea that all criminal acts of violence must occur after the establishment of respiration.

FACTS ABOUT THE SOLUBILITY OF QUININE.—

Quinine, sulphate,	dissolves in	700	parts of	water.
Quinine, bi-sulphate,	"	"	10	"	"
Quinine, muriate,	"	"	24	"	"
Quinine, valerianate,	"	"	110	"	"
Quinine, bromide,	"	"	60	"	"

Quinine, tannate, very slightly soluble in water.

MARITAL MATTERS.—"T. P." closes a review of Goodell's Lessons in Gynecology, in the *American Journal of the Medical Sciences*, as follows:

"The stream of her love for man rises higher, flows with a purer current than from any conscious sexual desire. She seeks not, but she is sought, when sexual intercourse occurs it is by submission, not by solicitation on her part; yea, when she falls a victim to the betrayer, it is because of the mighty passion of love, giving her very self to the one she trusts, and by no insane rapture of animal desire. It is recorded by Moreau* that this was the subject of a thesis sustained in the schools of Paris: *Est-ne fœmina viro salacior?* The author of the thesis maintained the affirmative, and a part of his argument is given by Moreau. We have not so learned the womanly nature; we do not thus read woman's character. We firmly believe that one of the most imperious passions in man's breast has small space in woman's heart, this passion with her in contrast with that of man is as moonlight unto sunlight, and as water unto wine. Moreover, our faith is that were young men so to regard woman, female virtue would less often be assailed, licentiousness diminished, and they would enter upon married life, mindful, in spirit at least, of the injunction of Jeremy Taylor, "Marriage is a provision for supply of the natural necessities of the body, not for the artificial and procured appetites of the mind." These "procured appetites of the mind," how they lord it over feeble conscience and halting will, and make many a sad wife little better than a prostitute save in name! And those who thus sin are often men who have led continent lives. The learned Bayle in referring to Abelard and Heloise, remarks, "A man who has lived chastely is more apt to fall into excess with his wife than a debauchee."

To return, Dr. Goodell, in referring to the honeymoon, advises against sexual excess. But O, wise teacher, tell your pupils, tell the profession where lie the boundaries of moderation, where excess begins. While no positive rules may be given, at least they may be approximated, and their inculcation will do a world of good.

In the discussion of "conjugal onanism," the author, with a master's hand, lays bare one of the deepest, foulest ulcers of the age. He shows how injurious such a course is to the health of women especially. "Should I marry?" said a shallow youth to the great Dr. Johnson. "Marry, sir? No, sir! People marry to propagate, and you would propagate ignorance." Alas! people marry who propagate something more than ignorance, propagate foul and fatal diseases. Others marry not to propagate, and if a child comes it is an accident. How shall one or the other sin be corrected? Alas, for our groaning humanity, groaning in such depths of physical and moral evil! Thanks for the brave words Dr. Goodell has spoken so eloquently, words of rebuke, words of instruction and of warning. They will be helpful to the physician and to the philanthropist in hearty endeavors to correct one of the deep-seated evils of the day, a perpetual fountain of other evils.

*Histoire Naturalle de la Femme, Paris, 1803.

The above is of a piece with the whole article of ten pages, and if an Indianapolis editor didn't write it there live two men in this country alike, even to the initials of their names.

A PECULIAR CASE.—Dr. C. V. Beebe, of Howell, Mich., writes:

"I noticed an article in the NEWS of October 10, by Dr. J. B. Sullivan, of Stanton, Mich., entitled "A Peculiar Case." The doctor asks for the experience of others in similar cases, and having had one such case (or at least one in which the cause would seem to be the same), I will give the benefit of my experience: A gentleman of my acquaintance, who had assumed the matrimonial relation but a short time previous, called upon me and stated that he wished to consult me upon a very delicate subject. He stated that when in the act of coition, and at the time that ejaculation should take place, he experienced what seemed to him like a blow from a hammer in the region of the medulla oblongata, by which he was rendered impotent. He was very much distressed about the matter and could give no cause for the difficulty, as physically he was in perfect health. He was about 40 years of age, and was a man of the best of habits. I looked upon the case as one in which there was derangement of the nerve centers, and the excitement by the act of coition being sufficient to produce (through reflex action) the shock spoken of and the nervous prostration following. Acting upon this theory, I put him upon twenty-grain doses of bromide of potassium, given three times a day. In a short time his recovery was complete—at least, within a year, I delivered his wife of a fine young specimen of the genus homo. I am aware that the two cases are not exactly similar, but believe the causes were the same In the case the doctor speaks of, evidently the excitement in the motor nerves is sufficient to produce a tonic spasm of the erectile tissues of the penis, and consequently the phenomenon described.

COMMERCIAL IMPOSITIONS ON THE PROFESSION.—The *Med. and Surg. Reporter* of the 11th inst. has the following: In the September number of the Chicago *Pharmacist and Chemist* a striking example of the imposition practiced on the profession by some unscrupulous drug firms is mentioned. A circular issued by Merrill, Thorpe & Lloyd, of Cincinnati, is quoted, advertising *alstonia constricta* as an ague cure, ingeniously intimat-

ing that its great value may soon make i quite scarce, and offering the powdered plant at $1 per ounce. The regular wholesale price in New York city of this almost worthless drug is 85 cents to $1 *per pound.*

It is a duty which we cheerfully perform to put our readers on their guard against all firms who endeavor to exploit the profession in this manner.

DEATH FOLLOWING A MISCARRIAGE.—

ED. MICHIGAN MEDICAL NEWS:—I attended Mrs. —— of ——, in case of miscarriage. Saw her Thursday about 3 P. M.; found she had lost an unusual quantity of blood, as appearance of bed clothes showed, and was in a state of syncope from effects of the loss. She had been in this condition for over fifteen hours, and was still flowing profusely. I immediately used the tampon, and put her on opium, quinine and broth. Saw her again Friday morning about nine o'clock. Found her, as she expressed it, "feeling like a new woman." But the face was *very red*, pulse quick and unexpectedly strong. She stated these symptoms had commenced about an hour previous. (I afterwards learned she had arisen about five o'clock and got breakfast for the family.) I was alarmed at her symptoms, she having had a severe chill before the rising of the fever. I withdrew the tampon, and ordered disinfecting injections per vaginam. The placenta soon was expelled in two parts, but seemed healthy. I ordered a supporting treatment. On visiting her Saturday morning, found she had passed a sleepless night, tossing about the bed, and easily sinking into a stupor. General appearance, pulse, etc., indicating near dissolution, but intellect seemed unimpaired. Vomiting of dark matter had kept up for the past eighteen hours. She died about midnight, intellect bright to the last. Now in this case, from my hurried and imperfect description, would you think absorption of septic matter was the cause of death, and if so, did the plugging the vagina for eighteen hours tend to bring such about; or would you think the patient had been tampered with and the womb injured in endeavoring to puncture the bag of waters? The patient was three and one-half months in pregnancy.

Yours most truly,

QUERY.

[In compliance with the request of the writer of the above, his name is withheld. Although the symptoms are not strictly typical of septicæmia, we should be inclined to regard the case as one of that nature. If we were to criticize the treatment we should condemn the use of the tampon in the first instance. We infer—although it is not distinctly stated—that when the doctor was first called the fœtus had been delivered. The flooding was therefore probably due to the retention of the placenta, and the removal of the latter was clearly indicated, and more especially so as the woman had been flowing for fifteen hours. There is no evidence to show that the womb had been injured "in endeavoring to puncture the bag of waters," although, if an abortion had been procured in this manner, there is a possibility of such an injury having occurred. While the plugging of the vagina for eighteen hours would hardly be considered as directly causative of the trouble, the same could hardly be said of the fact that the placenta was allowed to remain detached in utero for thirty-three hours. The statement that the placenta "seemed healthy" is certainly not corroborated by the fact that it was expelled in two parts.—ED. NEWS.]

Dr. Jenner respectfully asks the editor of the MICHIGAN MEDICAL NEWS—HOW, WHEN, and WHERE? any man became a Bachelor of Arts "by accident, either of birth, patrimony or some such circumstance beyond his control." Furthermore, Dr. Jenner begs to inform said editor that any Bachelor of Arts may become a Master of Arts after a certain number of years and according to certain requirements (which vary in different universities) without further examination.

This query arises from our remarks on the "American Academy of Medicine" in our issue of 25th ult. Our words were: "The possession of a B. A. or an M. A. degree is largely the result of accident, either of birth, patrimony, or some such circumstance beyond the control of the possessor." It should only be necessary for Dr. Jenner to inquire how many B. A.'s would there probably be did not the 'accidents" referred to supply the "sinews of war" while the young men are pursuing their studies, to convince him of the force of our remark.

Our readers will thank Dr. J., as we do, for the information regarding the process through which a B. A. may become an M. A. We have, however, known the latter degree to be conferred through a less troublesome and much more expeditious process.

Dr. George E. Robertson, of Platteville, Wisconsin, writes us that there is an opening for a German, or German speaking physician, in his town, and that he will be pleased to correspond with any one who may feel interested in the announcement.

Paragraphs.

Facts seem to point to a remarkable and apparently irreconcilable discrepancy between human pathology and experimental physiology.—*Ferrier.*

Phares' method of treating colic consists in turning the patient upside down—standing him on his head.

A Danish pharmacist has issued a work on *Drikkevandsundersogelser.* The English of this sweet mouthful is *drinking water.*

The highest department of our art, (therapeutics) and one of its chief ends, is in a backward and unsatisfactory condition.—*Andrew Clark.*

Lemon juice penciled over hypertropheid tonsils twice a day, is said to effect a cure in young] subjects within two weeks.

Cleanliness is generally regarded as a virtue; but in Germany they call a bath "bad," and even in France they look upon it as a "bain."

The *News* for 1880, will contain no advertisements inter-leaved in the reading matter. We are assured that its readers will welcome this announcement.

Compound tincture of benzoin applied on a pledget of lint and packed well into the cavity of the decayed tooth, is said to speedily relieve the toothache.

A man whose clothes are saturated with stale tobacco, is not an agreeable visitor in a sick room. Nor is it reviving to a delicate organization to have stimulants applied through the physicians' breath.—*Crosby.*

An aged railroad conductor has noted a fact which negatives the statement that the race is degenerating physically. He frequently comes across boys of twelve as large as youths of sixteen used to be before the days of railroads.

Dr. Fordyce Barker, on the 2d inst., presented the New York Academy of Medicine with a marble bust of T Spencer Wells, the greatest of ovariotomists, he having performed the operation 958 times.

A Miss Whitten, now at Damariscotta, Me., has probably the longest hair of any woman in the world. It is eight feet long, and when dressed in a French twist passes six times around her head. The growth is perfectly natural. Miss Whitten's hair is but little longer than Edwin Smith's beard—7¼ feet.

The first edition, an unusually large one, too, of the *National Dispensatory*, lately issued by Mr. Henry C. Lea, has already been exhausted. The work is an admirable one, and doubtless will be still further improved in the second edition, by alterations and additions suggested by reviewers of the first edition.

Another medical college in Indiana, this making five medical schools in that state! The fact leads the *American Practitioner* to ask, "Will not the earnest strife for students, apparently rendered inevitable by this increase of schools, be followed by an indecent, base struggle for patients?"

Can any one account for the tendency there exists among Gynecologists to the parting of the name in the middle? For instance, we have T. Gaillard Thomas, T. Spencer Wells, J. Marion Sims, J. Matthews Duncan, T. Addis Emmett, C. Henri Leonard, A. Reeves Jackson, and so-forth. Can it be that intimacy with the ladies begets vanity?

The *American Bookseller* says, sarcastically, "there is but one centre of the literary universe, and that centre is Boston, of course." This remark is iconoclastic, and if it is not promptly and sharply rebuked, we shall not be surprised to hear some equally pertinent reference to some of the "centre's" institutions—its antediluvian *Medical and Surgical Journal*, for instance.

At the very best English dinners, not only is there no butter on the table, but the vegetables are cooked in plain water, and not a drop of drawn butter is served upon them. Except a bit of fat that you may get with your meat, and the oil on the salad, your food is clear of all grease. This is very bad, and Sir Henry Thompson, in two essays upon dining, published in the *Nineteenth Century*, mildly calls attention to the evil.—*L. P. Yandell*

Canada *Lancet*:—The Belleville *Intelligencer*, of September 23d, contains an account of "a very critical operation in surgery, recently performed by Drs.——(two registered practitioners), in an adjacent village. It consisted in the removal of a *Myalord Tarcorna*, (tumor), five-and-a-half pounds in weight, from the lumbar vertebræ, at the spinous processes." The writer of this puff, no doubt, did his work well enough, but the proof reader has made sad havoc of the technical terms. Still the public will never know the difference.

The *Daily Telegraph* tells us that "A young man in Paris in cleaning out his pipe stem with a knitting needle, ran the point of the instrument into his finger. On the steel lay nicotine, and this, mingling with the blood which flies through the system, at the rate of about 12 inches a second, quickly spread in the arm, until it became necessary to amputate the limb in order to save the smoker." Twelve inches a second is 60 feet a minute, and in all probability it took the surgeon at least five minutes to get ready for the operation. On this basis over 300 feet of arm must have been cut off in order to intercept the poison. The *Chemist and Druggist* reasons after this fashion, and concludes that the young man must have had a very long reach—one of the longest, if not *the* longest, on record.

Original Articles.

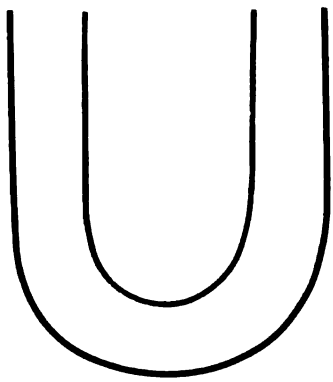
Catarrh of the Nasal and Connecting Cavities —New Treatment.

BY D. W. C. WADE, M. D., HOLLY, MICH.

There is no other mucous membrane that is at once so exposed to irritative influences and so inaccessible for topical treatment as the Schneiderian. In this climate there are none who escape rhinitis altogether, and few who do not suffer in some degree continuously. I believe there are no peculiarities in the pathology of this disease worth discussing, and I take it for granted that it is understood that the necessity for an unfavorable prognosis has been founded upon the fact that constitutional treatment is of little avail in inflammations of any mucous membrane, and that, for anatomical considerations, local treatment in rhinitis has been found to be but imperfectly practicable. I will direct attention to an important difficulty in the way of reaching the whole mucous surface distributed within the head. The antrums of Highmore, the frontal sinuses, the eustachian tubes, and the cavities of the middle ear, are all connected with the nasal cavity, and the inflammation under discussion implicates these localities. These cavities are normally occupied by air, and like all other air receptacles having one small opening, the air must either escape in a contra current or become compressed before fluids can be made to enter. The result of this circumstance is, that the nasal douche and many other modes of treating rhinitis locally, which, on theoretical grounds, promised much, have proved only partially successful, because only a part of the diseased surface has received the benefit of treatment. I propose the plan of reaching the interior of the antrum, frontal sinuses and middle ear *by rarifying the air contained within these cavities, and when the air is allowed to re-enter them, to convey with it the medicine it is desired to apply.* Sceptical people may doubt the practicability of doing this, but whoever will try the experiment I shall describe will be satisfied that he has succeeded in rarifying the air in the whole of the nasal and connecting cavities, and that he has introduced within their interior something beside their normal contents

My method of exhausting the air, as above mentioned, is to attempt to inflate the lungs with the mouth and nostrils closed. Just to what extent the atmospheric pressure can be removed in this way I am unable to say, but that the expanding power of the muscles of respiration is considerable there can be no doubt. It only remains now to contrive a plan of combining medication with rarefaction. I have succeeded best in accomplishing the purpose by using a bent tube, in the shape of a horse-shoe, in which to place the medicine. One arm of the tube being fitted to the nostril, the other arm and the other nostril being closed by the fingers, and the mouth being closed, the conditions are present for completing the operation. If now an attempt be made to expand the lungs, the residual air of the whole respiratory apparatus must necessarily become rarefied, and by raising the finger from the arm of the tube covered by it, air will at once enter the exhausted cavities. The rapid motion of air through the tube not only minutely subdivides by percussion the fluid therein contained, but conveys the fluid to its destination. Now the air that supplies the exhausted cavities is that which passes through the tube, and the medicated fluid is intimately mixed with it, therefore the medicine is introduced within the remote cavities. This is the theory. Clinically the theory is sustained. Patients are profuse in the expression of the opinion that the medicine is immediately conveyed to the parts I have designated. Insufflation of fluids is not new, but insufflation does not mean exhaustion first, so that by this process the fluids reach only the membrane traversed by air in respiration.

The tube can be made of glass or hard rubber, about 5 inches in length, and ¼ to ½ an inch in internal diameter. It should accurately fit the nostril and if too small it can be made to do so by winding a piece of wrapping cord about the end. Among the many applications I have used in this way, no other has equalled in efficiency chloral hydrate in solution of the strength of about five grains to the fluid ounce of water. If this strength does not produce quite a pronounced sensation, it should be used stronger.



The accompanying diagram may be an aid in the construction of the tube. Instrument manufacturers might confer a favor upon the profession by placing the instrument in the market in time for the coming campaign, although any physician can readily and cheaply make it from glass tubing with the aid of a spirit lamp. From one-half to one fluid drachm is the proper amount of fluid to apply, first on one side and then the other.

October 16, 1879.

Consumption—Its Cure.

BY CHARLES G. POLK, M. D., PHAR. D.

The cure of consumption is one of the most important problems in medicine, and yet one which some physician every now and then claims to have solved. Dr. James H. Salisbury, of Cleveland, Ohio, is the last who heralds such an announcement. I only hope Dr. Salisbury's theory and practice may prove correct; and that this very destructive disease may become amenable to medical science. Churchill twenty years ago brought out his pathology and remedy, and there is no doubt that his discovery has done much towards the successful management of the disease, and I am assured by hundreds of physicians that the isolated hypophosphites have proven of markedly beneficial results.

To-day there is no intelligent physician who puts any trust in nostrums. The active, thinking portion of the profession have learned to regard all such as consummate humbugs even though they be copyrighted by distinguished members of the American Medical Association

One of the most sensible reviews of the subject is a letter from Professor A. P. Dutcher to the editor of the Cincinnati *Lancet*, noticing my paper, "Tabes Pulmonum." "If," said he, "consumption was a unit in its nature, the problem could be easily solved. But as it is a union of many elements, some of which are quite opposite in their character to others, it is one of the most difficult questions in medicine to decide." Though I have devoted twenty-four years of hard labor to the subject, have brought to the task the aid of the microscope, chemical analysis and clinical observation, as well as a careful study of its literature, the task is not completed. I do not like to attack anyone personally, but I must find fault with Dr. McElroy, of Zanesville, Ohio, for not giving the profession an elaborate monograph on the pathology of this malady. I do not think anyone has a more correct and clear conception of the essential nature of tuberculosis than he has. He should give his views more wide dissemination than he has heretofore done.

But to return to Dr. Salisbury. His idea of excluding fats from the diet of the consumptive is correct, while there is butyric acid in the small intestines, unless the simultaneous use of pancreatine or extract of malt secures their prompt emulsion and absorption. But fats are of the greatest service in all cases in which they do not produce acid eructations from the stomach, pains in the duodenum, and repugnance to the appetite. Like Dr. Salisbury, I withhold fats in many cases, while in others give them as freely as the digestive organs can appropriate them. The doctor's "splendid condition of the system" reminds me of a class-mate of mine, who always advised "a judicious course of treatment."

The doctor's idea of exercise, while very good in the non-febrile and inflammatory conditions, would prove highly detrimental in the opposite class. His formulæ are highly eclectic in the combination of tonics, alteratives, astringents, expectorants and aromatics, yet they are certainly botanic, and may bear a somewhat suspicious look, but my own experience with some of these remedies has been favorable; hamamelis is a sedative astringent, and exerts a very beneficial influence over inflammed mucous surfaces; yerba santa and grindelia robusta are very valuable agents. My experience with the yerba santa and grindelia robusta were given in the *Physician and Pharmacist*, and in *New Preparations*. I have also tried the pyrus americana, or mountain ash, and have found it to be a valuable astringent tonic. I find it however better to use our old remedies with intelligence than to run after so many new ones.

The doctor regards consumption as "the consequence of fermenting food and the products of this fermentation." It is strange that in writing his book he has overlooked the fact that there is no duodenal dyspepsia in about thirty cases out of each hundred. He might also well ask, how comes the fermentation in the seventy cases? whether it be not a consequence, rather than a cause, depreciated organic nerve power, and then seek the cause of the depreciated organic nerve power.

If his book contains even a grain of new philosophy, let us have it; we need all the new light possible. By *we* I mean all physicians, who, like myself, do not believe in stamping out consumption by any remedy, especially one we find advertised in daily newspapers, railroad guides, and popular magazines as potent to this desirable end. Phthisis, as Dr. Dutcher has well said, is a very complex disease, presents such diversified phenomena, and embraces so many complications that it can only be cured by a "judicious course of treatment" of all the associated lesions. The results collated by me in about two thousand cases justify the conclusion that a considerable per cent. can be permanently cured, and about 80 per cent. can be benefited to a very large extent. But these results will not follow any routine plan of treatment. A month ago a patient was sent to me with a thick fur on the tongue, bowels constipated, stomach irritable, and considerable pain and soreness in the left pleura. The gentleman who sent him supposed he was an excellent subject for the isolated hypophosphites. I took a different view, prescribed muriatic acid, camphor and hyoscyamus, with leptandrin and aloes at bedtime. To-day he is much improved, and is taking nitro-muriatic acid and quinidiæ. When I first saw him he was taking cod liver oil, and it was not, of course, doing him the slightest good. Recently I was called in consultation to a case that had a red, raw tongue, and could scarcely retain any food on his stomach; the physician was giving him glycerite of kephaline, and wondered why the remedy was not doing him

any good. I directed sub-nitrate of bismuth, acaciæ, and lime water. In three weeks this condition was removed, he went back to the kephaline, and is now making a rapid recovery. About three months ago saw a case with another physician; there was considerable pneumonia, and yet the patient was taking cod liver oil and a ride to the park every afternoon. I recommended calomel, quinine and camphor, with absolute rest, until the pneumonia was subdued; I then ordered quinia, sulphuric acid and infusion of wild cherry, and in another week directed glycerite of kephaline, with excellent results. Many similar cases could be recorded. A great amount of injury is caused by routinism. Cod liver oil and the hypophosphites of such unequivocal value when indicated, are often used in cases contra indicating their employment, and the consequence is that they are blamed for the results of the physician's ignorance. Churchill, in 1864, published a book of a thousand pages to teach the profession the use of the hypophosphites, and yet, in 1872 and 1876, the medical profession of the United States seemed to have been ignorant of the existence of this book. If they had not been, they would not have been victimized so completely. In 1875 he published an abridged English edition, which does not seem to have been perused by some of our Philadelphia Professors even a year ago. I have been engaged during the past year in writing my work on "Tuberculosis," and a thousand subscribers already encourage me to hope that my efforts will be more successful than were those of Churchill in getting my views examined by the profession of this country. Churchill believes in a specific remedy—I do not. He thinks the primary lesion is deficiency of hypophosphites in the blood and the proximate error in the heat generating process. I refer it to the deranged nerve influence in those nerve masses which preside over digestion, assimilation, nutrition and respiration. One employs the hypophosphites manufactured in the laboratory—the mono-basic hypophosphites—the other employs hypophosphites isolated from animal brain, the tribasic hypophosphites in their glycero-nitrogenous association. So little was the chemistry of the hypophosphites understood, that as late as November, 1877, one of my assailants had the temerity to ridicule the idea that the ordinary hypophosphites are mono-basic, because two equivalents of water are necessary to their existence. Of course he knew better. Gmelin had already stated it on the 114th page of the second volume of his hand-book of chemistry, and it had been reiterated by Churchill on page 59 of his Treatise on Consumption, London, 1875, and can now be found on page 141 Bernay's Chemistry; also in Attfield's work on chemistry. Such a mistake was never unintentionally made by a professor of chemistry.

2219 Catherine street, Philadelphia.

Selections.

HYPODERMIC INJECTIONS OF ETHER AND BRANDY.—In cases of vicious insertion of the placenta, when it produces such an abundant hemorrhage that the woman is exsanguinated, and it becomes necessary at once to raise the temperature and stimulate the nervous centers. M. Chantreuil advises the injection of sulphuric ether (a drachm for example) into the subcutaneous cellular tissue. A little later we may use one or more similar injections of cognac. Under their influence the faintings cease, the heat is re-established and the patient is re-animated. In this way if transfusion becomes indispensable, we have at least gained time.—*L'Union Medicale—Hosp. Gazette.*

Formulary.

BARKER'S POST-PARTUM PILL.—

℞ Ext. colocynth co.
Hydr. chloridi mitis.....ää 3 iij.
Ext. hyoscyami..... grs. xl.
Ext. nucis vom.
Pulv. aloes.
Pulv. ipecac.....ää grs. xx
Mix. Div. into 120 pills.

ANTI-TOOTHACHE.—

℞ Chloroformi, pur.
Tr. aconiti (Fleming's) . . .ää 3 iij.
Tr. capsici..... 3 j.
Tr. pyrethri.
Ol. caryoph.
Pulv. camp.....ää 3 ss.
Mix.

The application of four or five drops of this mixture on cotton wool to the tooth and surrounding gums (which have previously been dried), is said to prevent the pain of tooth extraction. It is important that the forceps be warmed and applied without delay. The mixture applied to the exposed nerve will give speedy relief in cases of toothache.

FOR CYSTITIS.—

℞ Pulv. opii..... grs. xij.
Camphoræ..... grs. xxx.
Ext. belladonnæ..... grs. iij.
Cacao q. s.
Mix. Div. in suppos. no. vj.
Sig.—One each night on retiring.

LOTION IN ACNE ROSACEA.—

℞ Sulphuris sublim..... 3 ij.
Etheris..... 3 iij.
Vini frumenti q. s.
Mix.—Ft. lotio.

AN AGREEABLE COUGH MIXTURE.—

℞ Acidi hydrochlorici.....dil M x.
Spts. chloroformi..... M xx.
Syr. scillæ..... 3 i.
Aquæ q. s.....ad 3 j.
Mix. Sig.—Take three times a day.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, NOVEMBER 10, 1879. No. 21

Editorial.

Sanitation.

Many years ago diseases, or "The Pest," appeared periodically in various parts of the world, spreading terror among the people and decimating the inhabitants. The teachers instructed the people that these dreadful visitations were the just penalties inflicted by an offended Diety, and offerings and prayers were required to placate an angry God. Hence, when the scourge was applied in the form of small-pox, malignant typhus, pest, etc., the people, recognizing that these sufferings arose from violation of laws, betook themselves to their shrines or altars and there attempted to secure expiation. Sack-cloth and ashes, though possibly good emblems of submission and penitence, were slow to remove diseases which originated in uncleanliness.

The people of the present day recognize the same fundamental fact. Many of the diseases, pests and plagues of the fathers, do arise from violation of laws, and it is not improbable that by some of the rites of the church, especially when cleanliness was enjoined, as in the lavements of the Hebrews, much good was effected.

During the last hundred years very much attention has been devoted to the etiology of diseases, and some of the "visitations" of the ancients, as small-pox, typhus fever, etc., have been shorn of many of their terrors. And yet we are not content. The investigations of recent times indicate that a very large proportion of the sickness and deaths are from causes more or less under the control of the people. This being the case, we hail the advent of sanitary conventions. They have already accomplished much good, and a bright future is before them.

During the month (November 17-24) will be held in Nashville, Tennessee, meetings of more than ordinary interest. It is to be hoped the deliberations of the various learned bodies about to assemble there may result in much good by discussing the causes of diseases—especially yellow fever—and of the means best calculated to prevent a recurrence of the sufferings and deaths of the past two years. There are various other ailments, such as summer complaint of children, scarlet fever, consumption, etc., which, from their extensive dissemination, and almost constant presence, have led many to regard them as unavoidable diseases, and therefore merit little attention. It is not improbable, however, that even these may be removed from the front ranks of "Causes of Death," and therefore we bespeak for them, at the earliest convenience, careful consideration.

W. H. R.

Miscellany.

THE LATE DR. LOUIS DAVENPORT.—It is with regret we announce the death of Dr. Louis Davenport, who, while evidently in ordinary health, died suddenly on the 22d of October, 1879. A meeting of the medical profession was held, and a committee consisting of Drs. Brodie, Bissell and Lauderdale reported the following preamble and resolutions, which were unanimously adopted:

Whereas, It has pleased Divine Providence to remove by death from our number, in the prime of life, our beloved professional brother, Dr. Louis Davenport, a gentleman we were all pleased to associate with, and whose relation to the profession had always been kind, social, liberal and ethical; a man whose heart was always open to the poor and suffering and whose skill was liberally dispensed to them without price; therefore,

Resolved, That in the death of our lamented brother the profession have suffered the loss of a worthy member, and one we had all learned to love and esteem.

Resolved, That we unite in offering to his family and friends the assurance of our deep sympathy, not that we may lessen their grief, but as a claim that we can share their sorrow, and more particularly that his decease followed so closely on that of his

beloved mother, whose death-bed he had left but a few hours to find his own.

The Wayne County Medical Society, of which he was an active member, held a special meeting and appointed Drs. Wm. C. Gustin, Henry F. Lyster and Geo. R. Richards a committee on memorial, who reported the following, which was adopted:

Resolved, That in the death of Dr. Davenport this society has lost one of its most gifted members, the community a physician who had ever their physical welfare at heart, and who conscientiously believed that it was his duty to give his time and talents ever to their interests; that this mournful event has deprived us of one whose long and intimate association and honorable and generous character had won our esteem and affection, and that while we mourn our loss, we will ever cherish his memory; that we offer to the family our warmest sympathy in this their hour of bereavement, and would suggest as a consoling thought the idea that their loss cannot but be his gain.

A large number of his professional brethren attended his funeral and followed his remains to their last resting place. Thus one by one we pass away? B.

SPECIALISTS.—One of the peculiar features of civilized life is division of labor. In the savage state, each person prepares for himself such things as his fancy dictates and skill can fashion. As wants increase, certain individuals devote more time to certain kinds of work, till at last the different trades and professions are duly represented by skilled laborers in each department, and all are thereby supplied with the conveniences of life, of better quality and at more reasonable rates.

When still more skill is required, the great departments of industry and thought are subdivided, and thereby give employment to specialists, who, by devoting all their time to a comparatively few subjects, soon acquire very great dexterity and efficiency. This dexterity and efficiency re-acts on the craft or profession of which the specialist is a part, and very much general good results.

In this, as with all other subjects, extremes are not unusual. In the medical profession, no specialists have exceeded the gynecologists in their freaks and fashions, some of which have been valuable, while others have been retired to justly merited oblivion. We cannot illustrate this better than quoting Dr. Thomas Kennard's remarks in the St. Louis *Medical and Surgical Journal* for August:

"We have waves in medicine and surgery that sweep everything before them, and wash every enthusiastic seeker for glory into the grand maelstrom that engulphs them all. Twenty years ago every woman imagined that she had ulceration of the womb, and of course every medical aspirant for fame insisted upon a peep at that organ through the speculum. I well remember my first personal experience in that direction at a clinic of one of New York's most distinguished obstetricians, where some twenty of us in Indian file awaited our turn to take a peep at the women, many of whom had nothing whatever the matter with them, except a morbid desire to be handled by one of the opposite sex.

Five years later they imagined that their wombs did not hang right, and through the influence of the misguided enthusiast, Dr. Hodge, who had revived an old and long forgotten idea, the young practitioner was inclined to make a toy-shop out of every woman's vagina, so that it became very questionable whether even refined and virtuous women had private parts any longer, for they certainly became very willing to make them public. Unfortunately a great many females manifested a morbid desire to be examined, and they encouraged the deep investigators in their dark researches. A few well-meaning men still imagine that it is incumbent upon them to prop up every womb, but fortunately their enthusiasm expends itself on their ingenuity in devising *new vaginal toys*, which not many women are now inclined to play with. The pessary wave has subsided, never again to return except in spurts and splashes. Women have concluded that although their outside stays sometimes create a necessity for inside props, they still must entertain a decent respect for their private parts, the *sanctum sanctorum* of their physical organization. Our instrument stores are full of pessaries, and it is very entertaining to see the ingenuity displayed by some of our brethren of a mechanical turn of mind, in varying their size and shape. We might well suppose that no two vaginas were constructed upon the same plan, if we did not know to the contrary. About the year 1867 the cliterodectomy wave threatened to sweep away the clitoris of every nervous woman who applied to the hospital of Mr. J. Baker Brown, who enjoyed the favor and patronage of royal folks, and had an idea (not a very incorrect one), that all cases of hysteria resulted from venereal erethism. 'His chuckled-headed assistant, Mr. Harper, diagnosed a case of clitoris irritation in a buxom, healthy, well-developed young woman, who had come to be cured of fissure of the anus, as follows: He said there was *too much hair around the vulva, that the vaginal odor was fœtid, and that the neck of the womb was conical.* He cut the entire clitoris away by three broad incisions. The labia majora were removed and the sphincter ani was divided on both sides by slashes extending down to the tuberosities of the ischia.' He operated on other women in the same manner, and the reporter,

an eye-witness, says of the first two, that they were as fine specimens of their sex as he had ever seen; both were wives of honest men, had never committed masturbation, and had been deluded into taking chloroform under the belief thnt some simple operation was to be performed. The reporter says: 'We have seen clitorides lying about on the sawdust, like bits of meat at a butcher's shamble.' This man belonged to the London Obstetrical Society, but his enthusiasm washed him out, and he ought to have been *castrated* (an infallible cure, we verily believe, for nine-tenths of the pretended *diagnoses* of uterine complaints). "Neck-splitotomy was the next wave, but it soon subsided, and then impregnating by the syringe was tried, but it did not compete with the old plan, and no one but J. Marion Sims ever advocated it. The forceps wave returns periodically, and we must beat it back whenever it rolls too boisterously. Hence the few hurried words of caution I have read to you. Recently some surgeons have advocated and practiced complete removal of the uterus and ovaries, and have taken only about seven lines to describe the method of this horrible operation in their fatal cases, on patients that would have lived for years if they had not butchered them. More recently they have taken to spaying women, as farmers do sow pigs, but as women were not intended for food except in dire emergencies, the great Creator didn't see the sense of such mutilations, and hence the majority die from the operation. God protect the poor women from the enthusiastic gynecologists and the extremists of every kind."

We say amen, with all our heart; but "Great is Diana of the Ephesians," for there is money in the humbug.

MRS. M. P. SAWTELLE, M. D., (*Medico-Literary Four.*), in speaking of the attendance on Dr. I. S. Kallock, at the Metropolitan Temple, San Francisco, on Aug. 23, 1879, has the following: "Without speaking a word, I took off my gloves and knelt at the wounded man's side." The people of the Golden City should congratulate their Mayor on the selection of a female medical attendant, for none but a woman would ever think of handling a surgical case with ungloved hands, or of assuming so humble an attitude.

LEONARD'S ILLUSTRATED MEDICAL JOURNAL.—This is to be the title of the journal that Bro. Leonard, now of the *Medical Advance*, will publish next year. The publication of the *Advance* he will drop entirely. It will be a double-columned journal of twenty-four octavo pages of reading matter and sixteen pages of advertising, issued quarterly. The make-up of the journal will be better, as forty-pound book paper will be used for reading matter, and pink tint for advertisements. Illustrations of new drugs, instruments, etc., will be a prominent feature as heretofore. Subscription price, 50 cents per annum; with the NEWS, $1.25.

Original Articles.

Hypodermic Injection of Coffee in Opium Poisoning—Two Cases.

BY W. W. COCHRANE, M. D.

The treatment of the two following cases being new to me, I had supposed they might be new to some of your many readers:

1. Mrs. R., aged 25, two children, had taken three powders, each supposed to contain ½ gr. morphia, for colic. Had taken the last powder three hours previous to my arrival, and had been insensible for two hours; the most strenuous efforts failed to arouse her. Breathing almost imperceptible, pulse feeble, intermittent, pupils contracted, insensible to light. Gave her hypodermically thirty drops of strong coffee, repeated in fifteen minutes, and again in fifteen minutes, when she soon opened her eyes and was sensible. Directed her to drink coffee and be kept warm; she begged hard to be permitted to sleep. Recovered kindly.

2. C. H. S., aged 55, had taken opium for several years, until the habit had increased up to twelve grains a day. Had taken in the last month four drachms of morphia and four ounces of chloral for rheumatism. He was found on the floor and supposed to be dead. He had taken within four hours five grains of morphia and one hundred and fifty grains chloral hyd. No efforts aroused him. Head and extremities cold, pulse feeble and irregular, pupils contracted, insensible to light; breathing would cease for seconds, when artificial respiration restored it. Gave him, per forearm, twenty drops strong coffee, repeated in ten minutes, and again in fifteen, when in twenty minutes more he became sensible and recovered.

Atchison, Kansas, Oct. 13, 1879.

Purpura—With a Case.

BY WM. CALDWELL, M. D.

[Reported to the Livingston Co. (Mich.) Medical Society.]

I was called to see Mary S. A. K., May 1st, 1876, and obtained the following remarkable history: Ill health dates from infancy, characterized by marked anæmia. At the age of three years began to have comatose "spells," which would generally last from one to three days. These attacks were quite profound at times, but the child could generally be aroused to partial consciousness. She would be free from these attacks for three or four weeks at a time, at long in-

tervals. She continued in this condition with but little change in her symptoms until she arrived at the age of ten years, when some improvement took place, her attacks of coma gradually diminished in severity, and finally ceased altogether; but her general condition remained much the same. It may be well to remark that at the time this improvement took place, and for some time previous, she was not under treatment. At the age of twelve years her peculiar "sleeping spells" returned with increased intensity, and in connection with these appeared on the arms patches of purpura, arranged in somewhat parallel bars, or lines, about one-fourth to three-eighths of an inch in width, pursuing the usual course of simple purpura.

Her anæmia became more and more marked until the approach of puberty, when it assumed all the characters of chlorosis. The tardy and imperfect establishment of the menstrual functions was characterized by an intensification of all her unpleasant symptoms; her comatose spells continued longer, were more profound, and it was only by the most persistent pinching and shaking that she could be aroused to even partial consciousness. About this time I made my first visit. I found her in deep coma, in which condition she had been for twenty-four hours. I found the pupils remarkably dilated, pulse soft, regularly slow, respirations slow and tranquil. She continued in this condition for twenty-four hours longer, when she gradually aroused to consciousness. Previous to the recurrence of these attacks she generally complained of severe headaehe. I prescribed as follows:

℞. Quiniæ sulph..... grs. L
Strychniæ sulph.....
Acid arseniosi..... ..... ää gr. j
Ext. gentian q. s.....
M. ft. pil. no. 50.....
S. One pill after meals.

℞. Ferri pyrophos..... grs. v
Three times daily.

℞. Fld. ext. ergot..... gtt x
Three times daily.

I continued the above treatment for four months, with marked improvement after two weeks. At the end of four months she was entirely well, and was the perfect picture of rosy health. She continued entirely free from any sign of disease until the latter part of February, 1877, when the purpura re-appeared, together with erythematous patches upon the face, quite extensive but symmetrical in distribution, attended with burning and smarting pain. These patches would remain stationery for two or three days, then gradually fade and disappear, disquamating slightly. The face would remain comparatively clear for three or four days at a time, but at no time since the appearance of this rash has the skin upon the face resumed its normal appearance.

She is now at this writing, July 22d, 1877, in about the same condition as respects the eruption on the face, more marked if any change, but the purpuric patches are very much more extensive and better defined. They cover the entire outer aspect of the shoulder and arm on either side. The patches are about three-eights of an inch in width, and from one-half to five-eights of an inch in length. This description refers to the spots as they occupy the part from the shoulder to the elbow, but from this part to the phalanges the appearance is certainly unique, being in parallel bars about three-eighths of an inch in width and about the same distance apart. The general health is excellent, appetite good, sleeps well, and *not too much;* bowels regular, menses normal. All treatment since the appearance of the rash upon the face has been of no avail.

NOTE.—Since the above report was made to the Livingston County Medical Society, the case has continued under my observation at intervals of three or four months during the years 1877–8. The general health still continued good. The eruptions on the face gradually disappeared under the use of oxide of zinc ointment, to which was added oil of tar, but the singular markings on the arms assumed such a variety of phases as to demand a more extended notice. For one week the discoloration on the arms would be arranged in longitudinal parallel bars, as previously described; the next week the lines could be found encircling the arm, to be followed during the succeeding week by a somewhat spiral arrangement. The extravasation upon one arm would generally coincide in appearance with that upon the other, but not always. I have on more than one occasion noticed longitudinal markings upon one arm, while upon its fellow they would be either arranged transversely or in a spiral form.

Frequently these lines would be broken into segments, and on one occasion I saw all of these conditions present on one arm at the same time.

During 1877, for about four months she abstained from all treatment whatever. It was during this time that the purpuric markings assumed the peculiar features set forth above, and the parents becoming alarmed, at their earnest request I again took charge of the case, and directed her to take 20 drops of Squibb's fl. ext. of ergot three times daily, and in 10 days I had the satisfaction of seeing my patient entirely free from any manifestation of disease except a slight discoloration at the site of the last eruption. This disappeared in a few days, and in about three weeks the skin had assumed its normal appearance. I continued the ergot with occasional intermissions for a period of six months; gradually diminishing the dose to 10 drops three times daily. The treatment was then abandoned altogether, and the case passed from my notice. However, during the month of Sept. of this year, 1879, I saw the father of my patient, who said that she had enjoyed uninterrupted good health, but that on one occasion there was a slight return of the old trouble on one arm, which readily yielded to the ergot.

Byron, Michigan.

Ophthalmic and Aural Fragments.

BY EUGENE SMITH, M. D.,

Professor of Ophthalmology in the Michigan College of Medicine; Oculist and Aurist to St. Mary's Hospital; Senior Surgeon to St. Mary's free Eye and Ear Infirmary; Secretary of Section on Ophthalmology and Otology of American Medical Association, etc.

Preventive Enucleation.—Not long since I presented to the Detroit Medical and Library Association a paper on this subject, which will appear in the next issue of its transactions.* The subject is one which, in my mind, cannot be too often brought before the profession, or its importance too thoroughly impressed upon the minds of all practitioners. The enucleation of any eye, from the patient's point of view, is a terrible thing to contemplate, but how much more so is the total blindness which all too frequently follow the advice, "time enough to take this one out when the other one becomes affected," "don't trouble it if it don't trouble you." Perhaps no fact in ophthalmology is better established today than that *enucleation of a diseased or injured eye after sympathetic ophthalmia has attacked the other eye, is seldom followed by relief.*

The two following cases bearing on this point will no doubt be of some interest to the readers of the NEWS:

CASE I.—F. T., aged 16, of Edmore, Mich., was shot in the left eye with a 22-calibre ball from a revolver in the hands of a playmate. Owing to the sitting posture of the injured lad, the ball came from above, grazing the eyebrow, cutting a bunch of eyelashes from the upper lid and entered the eyeball through the upper and outer quadrant of the cornea. I was consulted Oct. 10th, and the following day (11th) I removed the eye. There were no indications of sympathetic mischief, but the pathological specimen shows that it was probably a mere question of time ere trouble of the fellow eye would have appeared if the injured globe had not been removed. The normal contents of the globe had escaped, giving place to a blood-clot. The iris was torn from its ciliary attachment above, and the ciliary body was wounded at the point of entrance of the ball. The ball passed downwards and inwards, striking the sclera at about the point of insertion of the internal rectus, piercing the retina and choroid, but glancing from the sclerotica backward it made its exit a little below and external to the optic papilla, and lodged in the orbit, where it was found strongly embedded. The missing eyelashes were in the eye, whither they were carried by the ball. The injury occurred about ten days previous to the enucleation.

CASE II.—J. H., aged 6 years, was, like the preceding case, shot in the left eye with a 22-calibre ball from a revolver. This accident happened about three weeks previous to the removal of the injured eye. I saw the case Oct. 14th, in consultation with Drs. Gustin and Leach, and the following day (15th), assisted by Dr. Lundy and the above-named gentlemen, I enucleated the eye. In this case, as in the first, there were no signs of sympathetic trouble. The ball entered the eyeball just back of the sclero-corneal junction at its horizontal meridian in front of the insertion of the internal rectus muscle, and emerged at a point part way between the insertion of the internal rectus and the optic papilla, ploughing, as it were, a furrow through the ciliary body, and becoming lost in the orbital bones *somewhere.* Its course could not be traced. The lens was uninjured; a small bead of vitreous was enclosed in the wound, vitreous chamber was filled with blood-clot, and a small quantity of vitreous. There was a prolapse of iris in the wound which was already fastened thereto by inflammatory exudate.

In both of these cases I believe sympathetic mischief to have been a mere question of cicatrization of the wounds, the dragging of the filaments of the ciliary nerve, incident thereto, in all probability setting up sympathetic trouble. In this connection I will say that among the many conditions capable of setting up sympathetic ophthalmia, wounds of the ciliary region and foreign bodies take precedence, and practitioners should never lose sight of the fact.

Strabismus Superius.—This rare condition presented in the right eye of a child 3 years of age, whose parents consulted me Oct. 1st. It was associated with strabismus convergens. I performed tenotomy of the internal rectus, which was followed by correction of the lateral deviation, but giving, as

*The transactions are published every three months, and are furnished gratuitously to the profession on application.

it did, complete control to the rectus superius, the eye was pulled upwards, particularly during accommodative efforts. There was no paralysis of either of the recti muscles. The ophthalmoscope showed the refraction to be hypermetropic and astigmatic. Tenotomy of the superior rectus corrected the deformity, and suitable spectacles will soon be adjusted.

Congenital Malformation of Right Ear.—A young grandson of Mr. M. S., of Detroit, aged about 10 years, was brought to me during the summer of 1879, to see if I "thought it possible to open his ear." The auricle consisted of a rim of cartilaginous consistency, irregularly shaped, and was made up evidently of the helix and lobule, the balance of the auricle being absent. A depression indicated the location of the external meatus, and pressure with a probe led me to believe, from the elasticity of the tissues, that there was a canal. The watch being distinctly heard *on contact*, I hoped, by operation, to be able to establish an opening, but as the operation was more or less experimental, it was rejected.

Exostosis of the Entire Temporal Bone.—An interesting case is that of a Mr. B., a merchant of this city. The entire right temporal bone has been increasing in size, outwardly, for many years. The external meatus of the right ear is completely filled with long growth nearly to its outer edge. A year ago, when I first saw him, I could pass a No. 8 Bowman's probe between the posterior wall of the maetus and the anterior wall, the opening being a curve about two lines long. A few days ago (Oct. 18th) I could scarcely pass a No. 5 of the same probes, and through the opening of a small furunculus in the anterior wall, with a small probe, denuded bone could be felt. What a magnificent pathological specimen that os temporis would make!

Selections.

INTRA-UTERINE MEDICATION.—In the course of the discussion of this subject before the Obstetric Section of the British Medical Association at its late meeting, Dr. Lombe Atthill remarked that (excluding all cases in which tumors of the uterus or polypus existed, and those resulting from anæmia) it would be found that the symptoms indicating the necessity of intra-uterine medication were: 1. Derangement of the menstrual function, specially hemorrhagia and dysmenorrhœa. 2. Uterine catarrh. 3. Pain, specially that caused by pressing the point of the sound against the fundus; one or more of these being present. With respect to the method to be employed in carrying out intra-uterine medication, Dr. Atthill objected to intra-uterine injections, and found ointment inefficient. He employed the following agents only—the fluids being applied by means of a probe, around the extremity of which cotton was wrapped, and the solids through a tube or *porte caustique;* carbolic acid in solution; tincture of iodine; iodized phenol; nitric acid; solid nitrate of silver; zinc points; crayons of iodoform. Carbolic acid was the agent Dr. Atthill recommended for ordinary use, being at once safe and efficient. Iodized phenol he recommended in cases requiring more energetic treatment, but considered it inferior to nitric acid; this latter agent, he pointed out, should never be applied to the intra-uterine surface, unless through a cannula or tube. This was a point on which he strongly insisted; and further, that the patient should be confined to bed for a day, or even more, subsequently: and he expressed his conviction that if these precautions were adopted no unpleasant results need be feared.

Dr. Robert Batty, of Georgia, introduced to the Association his use of iodized phenol, already familiar to the American profession.

Dr. E. J. Tilt, though not much in favor of this method, admitted, however, that intra uterine medication was wanted in the following cases: 1. Incoercible blood-loss, resisting all remedies and menacing life. 2. When life or reason is menaced by the intensity with which internal metritis reacts on the system, rather than by the amount of purulent discharge to which it gives rise. 3. When internal metritis causes an aggravated complication of dysmenorrhœa by menorrhagia independent of ovaritis, and menacing life or reason. 4. Membranous dysmenorrhœa. 5. In habitual abortion, independent of syphilis and ovaritis, and seemingly caused by some morbid state of the lining membrane of the body of the womb. When internal metritis led to dangerous flooding, and in case of membranous dysmenorrhœa, Dr. Tilt recommended intra-uterine injections with undiluted tincture of iodine. He deprecated the injection of a solution of nitrate of silver in such cases, and in other cases of internal metritis requiring intra-uterine treatment, on account of the severe pelvic diseases and death which had succeeded. In such cases he preferred to place in the womb five or six grains of solid nitrate of silver; but, as he had seen this followed by severe peritonitis, and as he knew this to have caused death, he expressed himself ready to welcome a better plan of treatment.

Dr. Byford (Chicago) believed that intra-uterine medication could be adopted in a great many instances with safety. When he applied it, he looked a good deal to getting the patient into a proper condition; made her live quietly for some time beforehand; and kept her in bed for two or three days after the application, which measures he found to secure success invariably. He thought that the application should be delayed after menstruation. He should hesitate to make an application of nitric acid to the uterus in a case where the canal and mouth of that organ was very much diminished in size; and

he did not believe that this was the class of cases to which it was applicable. This treatment should be succeeded by more constitutional means. He used glycerine and extract of belladonna.

PHOSPHATED MILK—(LEBLOND).—For a number of years the phosphates, and in particular the phosphate of lime, have taken an important place in the therapeutics of infants. Physicians who occupy themselves especially with the diseases of infancy, know what wonderful effects are obtained from the administration of the phosphate of lime to infants, the development of whose bones is insufficient.

When the medicine is administered under the form of phosphate of lime, the absorption is almost nothing on account of the insolubility of the calcium salt. If we render this soluble by combining it with an acid, as hydrochloric acid for example, we introduce into the stomach an acid which is not without serious inconvenience to the gastric mucous membrane.

These are the difficulties which have led Dr. Monribot, of Epinay-sur-Seine, to seek if it be not possible to obtain the solution of this salt in the milk of the cow. The attempts of Dr. Monribot have been crowned with success and have given results which it seems to us interesting to make known.

The milk which we have employed and of which the analysis has been made by M. Godin, pharmacist, came from a cow aged six years, to which had been given, twice each day, 80 grains of powder of calcined bone, intimately mixed with a gruel prepared with bran.

The phosphated alimentation to which this cow has been subjected, has resulted in a very notable increase, in the milk, of phosphates rendered soluble.

From a clinical point of view, the milk charged with phosphate of lime has given us excellent results with two young infants affected with enteritis, in the service which we have directed in the Saint Lazare for several months as substitute for Dr. Courot. In private practice we have administered with entire success, each day, a litre or one quart phosphated milk to a young man of 19 years, affected with commencing pulmonary tuberculosis.

The percussion and auscultation signs, which were determined at the same time by myself and Dr. Lorne, a distinguished practitioner, very soon improved, and even disappeared at the end of a month and a half of treatment. The general state of the patient has become very good; the night sweats which existed at the beginning of the treatment have completely disappeared.

The confidence which Dr. Herard seems to accord to the phosphated milk in commencing pulmonary tuberculosis, and the results which M. Bouchut has obtained at the Hospital for Infants, do not leave us any more doubt as to the role which phosphated milk is called to play in therapeutics.

Having become a constituent part of the milk, the lime salt should necessarily produce effects which we cannot obtain with it in pharmaceutical preparations.—*Annal. de Gyn.—St. Louis Cour. of Medicine.*

ONE OF THE CAUSES OF VOMITING AFTER ETHERIZATION.—It is not from absence of material, that we are to justify ourselves of the ignorance which shrouds the cause or causes of vomiting after etherization. Neither can we plead unimportance as an extenuating circumstance; for vomiting is the most objectionable feature in the administration of ether—the anæsthetic of widest application.

It is an established fact that vomiting occurs most frequently when the stomach is distended, as with food or liquids. Hence, we are to infer that the vomiting is to a certain extent mechanical—it being a physiological fact that distention of the stomach, as affording a fixed point for pressure of the abdominal muscles, is a necessary condition in the act of vomiting. (Magendie.)

In the administration of ether I have, for some time past, noticed its effect upon the stomach, and think that we can rather arbitrarily classify the cases under two heads, in accordance with its action upon this organ.

In class I, the vapor proves so irritating to the aerial tract that the patient attempts to obviate its inhalation by swallowing the gas.

In class II, there is no deglutition of the vapor, which may be due either to a great amount of self-control, or to a less irritable condition of the mucous membrane lining the air passages.

If there be an equal tendency towards nausea in both classes, physiology teaches that vomiting would occur most readily in our first division, because a factor in the mechanism of vomiting is furnished in that class; whereas, we have no such condition in the other division. And, in point of fact, we do meet with vomiting in the first class, or those who swallow the vapor, with a degree of frequency surpassing the second class to such an extent as to point to the existence of some special cause for it. My experience with chloroform, though limited, conforms in the main to the result met with in ether. And the only case of vomiting after the administration of nitrous oxide gas that I ever witnessed was preceded by deglutition of the gas. I am, however, not familiar with the two last named anæsthetics.

The first explanation which offers itself is, that the gastric distention furnishes a condition in which the stomach may be considered as being on the alert for any nauseating influence that makes its appearance. Indeed, I have frequently observed emesis take place before the patient had sufficiently recovered, it would seem, to recognize or respond to the sense of nausea; and for which regurgitation would

be a more applicable term. Vomiting is frequently nauseating in itself, and may aid in a more extended continuation of the act than the original cause would give rise to—thus allowing a larger field of action for the gastric distention than a casual observation would concede.

I am aware that vomiting occurs in unconsciousness under other circumstances, where some special cause may be found; as is seen in the administration of emetics, reflex irritation, etc. Ether, however, does not produce vomiting sufficiently often to be classed with emetics, even were its narcotic effect left out of the question. The vomiting is only a complication frequently met with, and is due to accidental cause or causes.

I consequently consider that deglutition of the vapor is a prolific source of vomiting, after the administration of ether, and that its action is chiefly mechanical. Yet, I would not be considered as excluding other causes; for vomiting undoubtedly occurs when it cannot be ascribed to the above cause I simply offer this as a prominent factor, a knowledge of which may aid us in working out the remaining components of a disagreeable problem.—*Virg. Med. Monthly.*

Carcinoma of the Stomach.—The following on the treatment of cancer of the stomach is from a "Treatise on the Practice of Medicine," by Prof. Robert Bartholow, which is announced for an early appearance:

"Although cancer of the stomach is incurable, much may be done by treatment to render the patient's decline tolerable. The first and most important point is to regulate the diet. By the withdrawal of solid food, and the substitution of milk alone, or milk and beef-juice, the greatest relief is afforded, and for a time there may be a gain in weight, but of course this is not long maintained. If the diet is restricted to the articles mentioned, it should be supplemented by that important means of rectal alimentation, the injection of defibrinated blood. The burning pain is much diminished by washing out the stomach once a day with the stomach-pump, especially in dilatation from stenosis of the pylorus. By removing acrid and acid matters in this way, much straining efforts at vomiting will be saved.

Of all the remedial measures proposed there is no prescription which is so generally useful in these cases as equal parts of pure carbolic acid and tincture of iodine, of which one or two drops may be administered in water three times a day. For the vomiting only, a solution in cherry-laurel water of carbolic acid, or a combination of carbolic acid with bismuth in an emulsion, will be found effective. Nitro-glycerine, benzine, and bisulphate of carbon have been used, with advantage, to allay nausea and vomiting. The most effective means to allay pain is the hypodermatic injection of morphia. The stomachal administration of the same agent is inefficient, owing to the diminished absorption power of the organ. Laudanum by enema, morphia in the form of suppository, or the endermic use of morphia, are preferable to the stomach administration. Great care is necessary in the prescription of anodynes, for the need grows rapidly, and the consumption becomes enormous, reducing the patient to a mental and moral weakness dreadful to contemplate.

Arsenic, in the form of Fowler's solution, one or two drops, three times a day, has considerable power to allay pain, and is not without influence in retarding the growth of epithelial cancer. As respects the power to relieve pain, the physiological basis for its employment is the action of arsenic, in toxic doses, on the nervous system of animal life. It has been repeatedly observed that sometimes, in large doses, no vomiting was produced, but coma and insensibility followed. A great many facts have now been accumulated, proving that cancer of epithelial origin may be greatly retarded in its growth by the persistent use of moderate doses—two drops of Fowler's solution *ter in die.*

The author's considerable experience in the treatment of carcinoma of the stomach warrants the statement that the best results are obtained by the persistent use of carbolic acid and iodine, in the form advised above, and of arsenic, in the form of Fowler's solution. It may not be needless to observe that these agents should not be given in one prescription—the carbolic acid and iodine together, the Fowler's solution at another time.—*N. Y. Medical Journal.*

The Cause of Consumption and its Cure by the Salisbury Method of Diet.—Dr. E. Q. Norton, of Cleveland, in the *Virginia Medical Monthly*, October, 1879, having suffered from consumption, gives a report of the methods he adopted to secure relief. It would seem all methods—regular, irregular and defective, such as the best and worst medical advice, proprietary medicines and specifics, climate and travel—were tried without benefit. At length, when in a deplorable condition, the Salsbury method of diet was tried and resulted in cure. Quite a number of illustrative cases are given at the close of the article.

Dr. Norton claims that consumption (phthisis pulmonalis) is not hereditary further than the probable similarity of diet and habits may favor the development of the disease. Children of consumptive parents by proper diet are not more liable to phthisis than others, while the offspring of the most healthy may easily acquire the disease by eating "exclusively or too freely of food now known to cause it." When the disease is developed, reasonable hopes of recovery may be entertained in all cases in which there exists no organic lesion—no absolute breaking down of some vitally important organ of the body.

Consumption, he claims, is caused by a years to fungoid growth, easily detected in the blood by the microscope long before the ordinary symptoms or physical examination would lead us to suspect the disease. This fungoid, if such we may term it, is nourished by fermentation, and, therefore, all articles of food which are susceptible of fermentation, vegetables, fruits vinegar, etc., should be discarded or used in very limited quantities, for this fungoid can not continue to develop when fermentation ceases.

This theory of the cause suggests the "Method of Cure." The patient must be restricted to a meat diet. One mouthful of bread or boiled rice to six of meat, and a cup of tea or coffee, without sugar or milk, may be permitted. Not less than an hour before each meal and at bed-time the patient should drink one half pint of hot water. This is to wash out the stomach and bowels and remove the yeast that may be in them. It is an excellent appetizer and does more good than medicines. On retiring take a hot-water bath containing a tablespoonful of ammonia, and finish with brisk rubbing. The meat diet may not be very pleasant at first, but in a few days the patient becomes accustomed to it and rather relishes his new mode of life. It is well to have the supervision of a competent physician to direct the amount of exercise, recreation, etc., and to strengthen weak resolutions in those who have not perseverance to continue the treatment alone.

On the Prolonged Antiseptic Bath.—In an article in the *Archives Générales* for July and August, Prof. Verneuil observes that this mode of treating wounds is not now much resorted to, and is suitable only for a small number of cases; but for them it is of such utility, and so superior to all other means of local treatment, that it deserves a very high place as a therapeutic agent, and he the more readily refers to it that surgeons of the present day, in their enthusiasm for new modes of dressing, seem to have forgotten its existence Prolonged—or as at that time they were employed, permanent—local baths have been used since 1854, by Valette, Langenbeck, Zeiss, and others, after amputations, and for wounds of the extremities, and some excellent results have been obtained; and in 1856 Prof. Verneuil commenced his trials with them. In one case of a fracture of the forearm, the limb was retained in the bath uninterruptedly for twenty-eight days, and in many cases of wounds of the hand and forearm the bath was continued for from four to twelve days. This mode of treatment superceded that of continuous irrigation, which, so useful in contused wounds of those parts, conveniently placed for its adoption, proves of little avail in those with which the water cannot come in direct contact. In the bath every part of every kind of wound is accessible. In later times, however, Prof. Verneuil has greatly modified this means. For the cumbrous apparatus formerly in use he has substituted ordinary vessels for the reception of the hand and arm, and instead of the permanent bath, which was most inconvenient in application, especially during the night, he now uses simply a bath, prolonged for two or three hours only, and repeated two or three times a day. It was found also, that this prolonged bath could not be conveniently applied for wounds of the lower extremities, and of late years it has been entirely confined in its application to those of the hand and arm.

The patient may take the bath in bed, either in the sitting position or with his shoulders propped up; or, if strong enough, he may sit in a chair. The water should be of a medium temperature, which may be left to the patient to regulate in such a manner that it feels to him neither too cold nor too warm. Of late years Prof. Verneuil has added disinfecting liquids to the bath, viz.: solutions of either the chloride of soda of Labarraque, carbolic acid, or hydrate of chloral, and employing from 10 to 20 per cent. of the chloride, and from one to two per cent. of carbolic acid and of chloral—varying the doses of the antiseptic according to the effects desired to be produced and the duration of the immersion. Thus, with an infected wound, with gangrene, a more concentrated bath, of short duration is employed, as also when the weakness of the patient, prevents too prolonged or too frequent baths. Less strong doses are employed when the primary putridity is destroyed, and when the patient is able to continue the bath for four or five hours together. Prof. Verneuil habitually employs carbolic acid, but for those to whom its smell is repugnant, he substitutes the hydrate of chloral. Labarraque's liquor is especially useful when gangrene is present, as it has singular power in aiding the elimination of eschars. But many persons can ill bear the smell of the chlorine, and the unpleasantness from this can be greatly diminished by covering the bath with thick cloths, or closing it by a cover. The bath of carbolic acid shows the error of those who regard this substance as an irritant. Over and over again the hand and forearm have continued in a 1 per cent , or stronger solution, for two hours, and almost always the patients have declared that they felt considerable relief from it. In the interval of the baths, the limb, immobilized or not, according to the nature of the case, is conveniently placed on a support, and covered by a compress of muslin folded several times, and wetted with the liquid of the bath. A layer of wadding, and over this some oiled silk, complete the dressing. Prolonged immersion gives to the wounds, and especially recent ones, a somewhat pale aspect, but this appearance is of short duration, and in general, when the cleansing of the wound is over, the granulations have an excellent appearance, and assume a vermilion color, scarcely an hour after leaving the bath. The quantity of pus secreted

is generally small, and it is especially remarkable for the absence of odor, which is also the case with the eschars. In one of these cases related there was suppuration of the whole hand, and gangrene of the index finger; and yet, although the patient lay in a very small room, when the limb was exposed not the slightest odor could be perceived beyond that of the carbolic acid. Whatever may be the sinuous dispositions of the wound, the pus and mortified tissues are so thoroughly disinfected, that neither injections into these cavities, nor pressure for the expulsion of the pus are required. "I have only to quietly wait until the eschars are detached of their own accord. In a word, I apply here that calculated abstention, that absence of all meddling with the parts, which I so earnestly recommend for all wounds in general." Nothing is easier than to keep in a state of the extremest cleanliness wounds which pass two or three hours in tepid water—its sufficing to let fall a streamlet of the water from a sponge on the injured parts, and the orifices of any fistulous tracks, gently wiping the neighboring uninjured parts. It is not possible to say beforehand how long these prolonged antiseptic baths ought to be continued. They must at least be used for a sufficient time to produce the complete cleansing of recent wounds, and the absolute and durable disinfection of old wounds. But so easy is the means in its applications, and so great is the relief which it generally procures, that its use may be continued for a long period. Ordinarily, and that even in the most serious cases, the baths are not required after the fifteenth or twentieth day, when, if it be deemed desirable, the wadding bandages may be applied, as these enable the patient to take exercise more easily.

Prof. Verneuil relates several illustrative cases, and terminates his paper with the following conclusions:

"The prolonged and repeated antiseptic bath is of great utility in a great number of surgical affections of the hand, forearm, and elbow. It prevents traumatic fever almost certainly in cases of recent accidental or operative wounds seated in healthy tissue, and in this respect rivals the classical continuous irrigation and the wadding dresses. It possesses the same preventive property in cases of operations practiced in the midst of more or less old morbid centres (*foyers*) impregnated with purulent and putrid substances, and thus renders more innocent excisions and extirpations of bones, amputations in gangrene, drainage, counter-openings, etc. In this respect it is very superior to rival modes of dressing. Finally, it possesses still more than these, the inestimable power of arresting acute or chronic septicæmia by so modifying recent or old pathological centres that the production or the penetration of the septic poison is prevented, or at least impeded. The preventive or curative action of the antiseptic bath on surgical fevers, enables us to study with care and profit the qualities and actions of the poison concealed in wounds, and to dissipate some of the obscurity which still prevails in the doctrine of septicæmia.—*Med. Times and Gaz.*

ANTIPYRETIC EFFECTS OF COLD ENEMATA.—In *St. Petersburg Med. Woch.* of June 14th, M. Lapin, one of the *internes* of Prof. Manassein's clinic, gives an account of the trials that have been made there of cold clysters as an antipyretic means. After noticing the few observations upon the subject which have already been recorded, he gives an account of the fifty observations which he has made in Prof. Manassein's wards. Of these he has published a detailed account in a Russian journal, confining himself in the present communication to a general statement of the results.

Prior to the administration of the clyster the temperature of the patient was taken while lying on his back, in the axilla, the hypogastric region, and the rectum, The temperature of the liter of water employed varied from 5° C. to 10° C. (41° F. to 50° F.), and Hegar's apparatus at a pressure of two feet was used for the administration. After the water had been discharged the temperature was again taken in the same localities. Of the fifty trials twenty-six were made upon fever patients, twelve on patients with non-febrile diseases, and twelve on persons in health. From these trials the following conclusions are drawn:

1. Cold clysters form a practical means of reducing temperature, the influence of which continues for a considerable time. After clysters at 10° C, the temperature scarcely reaches its former height in the axilla for from thirty to forty minutes, in the hypogastrium after an hour, and in the rectum after an hour and a half. With clysters at 5° C, the cooling in the axilla lasts for forty or fifty minutes, but in the hypogastrium and rectum it lasts a much longer time than when water at 10° C. is used; so that the prior high temperature has never been observed to be regained until from two to two and a half hours after.

2. The clysters at 10° C. are well borne in all cases, without exception, sometimes leaving behind them a pleasant sense of coolness extending over the whole body. Those at 5° C. are by some just as well borne, but in others they induce unpleasant sensations in the abdomen. In recurrent fever even shivering may be produced.

3. The depression of temperature is more considerable in cases of fever than in non-febrile affections, and in the healthy. (In the fever patients the fall of temperature varied from 0.60° to 0.40° in the axilla, from 1.50° in the hypogastrium, and from 5 to 1.70° in the rectum. In non-febrile cases it varied from 0.40° to 6.30° in the axilla, from 1.40° to 1.10 in the hypogastrium, and from 1.60° to 1.30° in the rectum. In healthy persons it varied from 0.60° t

0.30° in the axilla, from 1.30° in the hypogastrium, and from 2.60° to 1.40° in the rectum.)

4. Not only is the temperature diminished, but also the number of the pulse and respiration to a small extent.

5. The greatest diminution of temperature takes place in the rectum, next in the hypogastrium, and least in the axilla.

6. An advantage of the cold clysters as an adjuvant of other energetic antipyretic means consists in their fulfilling other indications besides the depression of temperature: (*a*) They remove the accumulation of masses of feces, which so frequently occur in fevers. (*b*) They diminish meteorism by contributing to the removal of gases; (*c*) In this way they render possible greater freedom in the movements of the diaphragm, and remove a source of self-poisoning of the economy by means of the gases; (*d*) To a certain extent they diminish the afflux of blood to the organs in the vicinity of the rectum, especially the uterus and bladder.

7. Stools follow the use of the clysters at different times in different individuals, varying from a quarter of a minute to two minutes and a half.

8. There can be no doubt that when a clyster is also indicated in non-febrile cases the cold clyster should be preferred to the warm in all those cases in which, besides the emptying of the intestine, it is desired to produce a tonic effect on the canal or to diminish the amount of blood in the pelvic organs.—*Medical Times and Gazette.*

BLISTERING AS A REMEDY.—Dr. H. S. Anderson, in his recent Harveian Discourse, published in the *Edinburgh Medical Journal*, speaks as follows of the uses of blistering: "Another remedy, which I fear is somewhat unduly neglected also, is counter-irritation by means of blistering; and I think I have observed in some young practitioners an approach to something like terror when blistering is spoken of as a remedy that may frequently be used. Certainly, as regards children's diseases, there is more of this fear than there should be. It has frequently, for example, been my experience to see children, in consultation with a younger practitioner, when blistering in acute head-affection had never been dreamed of. In nearly all acute inflammatory affections of the brain, tubercular or not, in children, I am strongly of opinion that after shaving the head the application of blistering fluid has a rapid and satisfactory effect. Inflammatory attacks also of the peritoneum and chest in children are often controlled by blistering, although the size of the vesicatory and the length of time applied must be carefully considered; and in the rheumatic affections of the joints in adults, repeated blistering has often the happiest results. For many chronic conditions also counter-irritation has always held a high place in my list of remedies. In chronic tubercular affections of both chest and abdomen I think occasional and repeated blistering is frequently beneficial, and also in chronic and obscure head and other affections of the nervous system. For example, a blister over the roots of the nerves in herpes zoster often relieves the neuralgic pain so generally present and often so difficult to get rid of. In diphtheritic paralysis, also, blistering the nape of the neck, and even down the spine, often expedites cure in a wonderful way. In the uterine or ovarian pain so often complained of in the left side, there is no better remedy sometimes than a succession of fly blisters, and the tenderness of spinal irritation is frequently relieved, if not got rid of, by the same means. In chronic effusions the use of blisters is still fully acknowledged, and do not therefore call for special mention."

MENTHOL; A NEW ANTISEPTIC.—Menthol, or peppermint camphor, is a crystallizable body deposited from Chinese oil of peppermint, on exposure to cold. It is met with in the form of small, colorless, fragrant, prismatic crystals, not unlike sulphate of magnesia. In fact, when first imported from Japan, some twenty years ago, it was for a time suspected to be nothing but Epsom salts, flavored with peppermint. It is now known to have a definite chemical composition, and to be the camphor, or stearoptene of peppermint oil. It is but slightly soluble in water, although it imparts to it its characteristic smell and taste. It dissolves readily in alcohol and ether, and in oils, both fixed and volatile. It melts at about the temperature of the body, and when further heated, volatilizes without decomposition. From a series of experiments recently undertaken, it would appear that it is possessed of antiseptic properties, similar to those of its homologue, thymol. At present it can hardly be regarded as a commercial article; but it could readily be imported from Japan, and there is no reason to suppose that its price would be prohibitive. We are not aware that it has been used in therapeutics; but strong oil of peppermint painted over the part has long been a favorite mode of treatment in China for gout and neuralgia, and it might prove useful in these complaints. The Japanese "Po-ho-yo," or neuralgic remedy, probably contains menthol.—*Lancet.*

AUSCULTATION IN UTERINE HEMORRHAGE.—Prof. Depaul, in a clinical lecture (*Gaz. des Hôp.*, Aug. 26), observes that when hemorrhage occurs during labor it will generally be found to arise from partial detachment of the placenta, the cord being too short. "I remember," he said, "the case of a young woman whose delivery had gone on very well, when, as the head was approaching the vulva, two or three spoonfuls of blood suddenly appeared between her thighs. I immediately practiced auscultation, and found the fœtal heart beating irregularly. It was evident that the infant was suffering, and that it was dangerous to await the natural termination of the

labor, which might last two or three hours longer. Dilatation was complete; and easily persuading the mother of the necessity of terminating the labor rapidly, I appled the forceps. Immediately after the child was extracted there followed five or six enormous clots, weighing about a couple of pounds. The child was born respiring with difficulty, but soon quite recovered. Never forget, then, when ever you meet with a flow of blood, to assure yourself by auscultation as to the state of the infant, and when dilatation has taken place, hasten to inter fere whenever life seems in danger."—*Med. Times and Gaz.*

CACTUS GRANDIFLORA FOR CARDIAC PALPITATIONS.—Dr. N. S. Davis, of Chicago, in a "Report on Drugs and Medicines to the Illinois State Medical Society," May, 1878, says:

"The reading of a paragraph in some medical publication concerning the influence of the fluid extract of the cactus grandiflora, or night-blooming cereus, over cardiac palpitations led me to a clinical test of its medicinal virtues during the past year. The first case in which it was given was that of a female, aged about 28 years, whose nervous and digestive functions had been greatly impaired by the habitual use of morphine and alcoholic preparations. One of her most distressing symptoms while endeavoring to recover from the effects of her habit was cardiac palpitation, more especially during the early morning hours. From three to five minims of this fluid extract, given from four to six times in the twenty-four hours, afforded her great relief. Another patient was a man of good habits, but affected with chronic enlargement of the cervical glands, and apparently also of those along the bronchial tubes, and frequent paroxysms of suddenly recurring palpitations, and with feelings of suffocation whenever attempting to take a recumbent position. He has been using the fluid extract of the cactus grandiflora about two weeks, with decided benefit in keeping the action of the heart more regular. It appears to exert a quieting influence over cardiac excitability, without any visible effect on the functions of the stomach or excretory organs. Although at present very expensive, it is certainly worthy of further investigation."

INFLUENCE OF MARRIAGE UPON HEALTH AND MORALITY.—Dr. Bertillon, a French savant, has published some very interesting statistics in regard to the influence of marriage upon the human race. He has studied the mortality bills of every country in Europe, so that his figures are more exhaustive and his conclusions more striking than any previously published.

He finds that "a bachelor of twenty-five is not a better life than a married man of forty-five; that among widowers of from twenty-five to thirty the rate of mortality is as great as among married men of from fifty-five to sixty." In other words, celibacy ages a young man at least twenty years, and widowerhood still more. In France the rate of mortality among married men, between twenty and twenty-five years of age, is ten per thousand, and among bachelors of that age sixteen per thousand, and among widowers nineteen per thousand.

In regard to criminal acts, these occur about 50 per cent. oftener among bachelors than married men, and 25 per cent. oftener among spinsters than married women. Suicide is also much less frequent among the married. In fact, all the statistics show very conclusively that the married state promotes health, long life, and morality.—*Lancet.*

REMOVAL OF LEFT PULMONARY LOBE.—An Indian boy, eight years of age, was wounded by an arrow, in the lower left thoracic region, between the sixth and seventh ribs. He removed the arrow himself, drawing with it a great portion of the lung. A physician, who saw the case, declared that he could do nothing for the boy, and that the projected tissue was fat. Dr. Grinnell saw the patient twenty-four hours later; the extended lung had the appearance of liver, and gave off a strong and bad odor. After giving chloroform, a ligature was placed about the wound, and a piece of the protruding tissue was removed, measuring four-and-a-half inches long by two-and-a-half inches wide. The portion of lung behind the ligature was washed with chloride of iron, and returned to the thorax, and the wound sutured. There was some suppuration for a few days, and the ligature came away on the fifteenth day after the operation, giving exit to much pus, soon after which, the boy got quite well. *New York Medical Journal.*

A large coarse sponge, inclosed in an oiled silk or rubber bag, can be used by female patients at times with great advantage as a urinal. The sponge absorbs the water, while the silk guards against soiling the clothes.

Formulary.

ANTI-TOOTHACHE.—James Mason, L. D. S., in *Brit. Jour. Dental Science,* recommends:

℞ Chloroformi pur
Tr. aconiti (Flemming's) ..... aa 3 iij.
Tr. capsici ..... 3 j.
Tr. pyrethri.
Ol. caryoph.
Pulv. camp. ..... aa 3 ss.
M.

As a local anæsthetic while extracting teeth, and to relieve toothache. The tooth and surrounding gum are dried, four or five drops of the mixture applied and the tooth extracted without pain by warmed forceps. To relieve toothache, fill the cavity of the tooth with a pellet of cotton soaked in the mixture.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The "Higher Standard" Boom.

It is not usually given to the agitator to behold such immediate returns from his labors as have appeared in response to the more recent demands of the medical journals for a higher standard of requirement for the degree of doctor of medicine. A departure has been made from the old system requiring attendance on but two courses of lectures, which, we have little doubt, will soon become general among the colleges. It is, of course, impossible to say how much of the commencing reform is due to a desire on the part of the colleges themselves to elevate the profession of medicine, but this much is certain, that the demand of the medical journals has convinced the shrewder of the colleges that their pecuniary success will in the future largely depend on the heed they give to the voice of the profession as expressed through its recognized organs. Medical colleges are primarily business ventures, and are conducted on business principles. They are not likely to adopt any curriculum which would permanently affect their revenues. The fact, therefore, that the change is being made, is evidence of their belief that the profession is about to give practical demonstration of the earnestness of its demand, by supporting only such colleges as manifest a willingness to advance. Doubtless the low standard of requirement for the doctorate would have been improved long before this, but for the fear of falling off in the classes. It required but the experiment to be made by one or two of the colleges which are not immediately dependent on students' fees, to prove the groundlessness of this fear, and that the higher standard is not incompatible with the prime object of the existence of the vast majority of the schools. The pioneers in this advance, the Chicago Medical College, Harvard, and the Universities of Michigan and Pennsylvania, have made a good move from a pecuniary point of view, and the wisdom of their action in lengthening the period of study and in adopting the graded system, will yearly become more apparent.

We are pleased to note that Bellevue Hospital Medical College and the Detroit Medical College, together with the newly organized Michigan College of Medicine, have pronounced in favor of the advanced standard and the graded system. With a few more such acquisitions the cause will compel recruits from the low-grade schools, and we may yet live to see the day when to be a doctor of medicine will be synonymous with being an educated and scholarly gentleman.

The Salisbury Method in Consumption.

The very positive support accorded the so-called Salisbury method, by Dr. Ephraim Cutter in his article in our present number, will have the effect of securing for the method a more respectful consideration than it has received through the rather crude productions which have heretofore appeared in its behalf. It will be remembered that we have said nothing by way of condemning the plan proposed by Dr. Salisbury, but merely called attention to a certain style in his advocacy of it, which could not do otherwise than cause it to be regarded somewhat suspiciously by the scientific physician. We are, however, disposed to make due allowance for the zeal of the reformer, and the verification by Dr. Cutter of the statements heretofore published concerning Dr. Salisbury's method, is sufficient to remove any doubt as to the propriety of at least according it an honest and impartial trial. Such a trial is all the more justifiable from the uncertainty, if not absolute failure, of the treatment heretofore relied on.

Dr. Salisbury and Dr. Cutter are eminent

microscopists, and their careful study of the instrument, and that exactness in its use, and keenness of vision, which can come only of lengthened experience, have doubtless enabled them to detect changes in the blood during the incipiency of the disease which would escape the eye of the more amateur observer. The fact, therefore, that the condition of the blood, which they declare is constant in consumption, may not be detected by every one looking for it, should not be sufficient to create too strong a doubt of its existence. The subject is one which we trust will receive the attention of other microscopists. If the claims of Drs. Salisbury and Cutter shall be verified, the discovery will prove to have been second to none which has ever been made in the domain of medicine. The prevention of 13,000 deaths annually in the United States alone, which, if the Salisbury method of diagnosis and treatment be demonstrated to be correct, will follow its adoption, will link its author's name with the undying name of Jenner.

Pending future developments, let us grant Dr. Cutter his request, "a fair hearing and a suspension of judgment until the evidence is all in."

The Michigan College of Medicine.

This is the name of a new college recently organized in this city and chartered under the laws of this State. Thirty thousand dollars have been subscribed in stock, and a large building and one eminently adapted to the purpose, has been purchased. The announcement of the new enterprise presents a refreshing difference from that of new colleges generally, in that it contains no apology for the starting of the school. It presents reasons, but does not apologize. Michigan has had fewer medical schools, in proportion to its population, than most of the other States, and the promoters of the new college give as one of their reasons that they think it will be supported without materially drawing from the support of the two estimable schools already existing. Inasmuch as it starts out with a high standard of matriculation and graduation, and with the graded course system, the new school will not be accused of injuring the cause of medical education. Its announcement will shortly appear and will speak for itself.

Percentages from Druggists.

The Chicago *Pharmacist* says: "Many physicians in this city demand as high as forty per cent. on the gross price of their prescriptions to patients, while others are content with twenty-five per cent., and yet others only ask their office rent, while a goodly number expect only their cigars and liquors free. Some degree of collusion between druggists and physicians exists almost everywhere, and probably always will, but the practice of giving any very substantial inducements to the physician for his influence is commercially and morally wrong."

Some journals have worked themselves up to a high degree of sentimentality on this subject of percentage from druggists, and the *Pharmacist* is comparatively moderate when it denounces the practice as "commercially and morally wrong." There are certain principles of morality which are universally recognized, but much that is classed under the head of morality is mere conventionalism. What is wrong at one place and in one age, may be eminently proper under different circumstances of time and place. We are by no means prepared to endorse the practice of druggists' percentage; but we do maintain that there are circumstances in this country, and in these times, which remove it from the realm of moral turpitude. Druggists are those who are loudest in their condemnation, and who hold up their hands most deprecatingly. Consistency is a rare jewel, and one which is usually at a premium. Our friends the druggists, could well-nigh create a corner in the market by an industrious removal of the beams from their individual and collective optics. We need not specify the particular beams we refer to.

Many of the laity also hold up their hands in holy horror of the practice. As a rule, these are of the class who render it necessary for the doctor to resort to this

questionable means of self-defense. We venture to assert, that did the charges on the doctor's book represent the same proportion of cash at the end of sixty or ninety days, as is represented in the charges on the books of the merchant or mechanic, "collusion with the druggist" would cease to be the necessity which many an honest and conscientious physician now finds it to be.

It too often happens that it is only through some such "collusion" that he is able to secure even a small percentage of his fee. What with dead-beat patients and prescribing druggists, the physician is but too often driven to "execute the villainy he is taught." Let us cease for a season this incessant moralizing on the heinousness of the system of druggists' percentage, and devote ourselves to the removal of the wrongs out of which the system has grown.

Miscellany.

MICHIGAN STATE BOARD OF HEALTH.—The regular quarterly meeting of this board was held at its office in Lansing on Tuesday, October 14, 1879, a full board being present. Dr. Kedzie read a paper on the "Waste of Human Life," based principally on the recent Adrian and Jackson horrors. The paper stated in strong terms the necessity for some more efficient preventive measures, and by his request the subject was referred to the committee on legislation, with instructions to report in regard to existing laws, the necessity for additional legislation, and, if necessary, incorporate a bill with its report.

Dr. Baker presented the request of the recorder of Caro, Tuscola county, that he visit and examine into the sanitary condition of the place and the cause of the spread of diphtheria. The board ordered the secretary to comply with the request, if the village authorities pay the expenses of the trip, as the small appropriation made by the Legislature to the board is exhausted.

The secretary read a report of a fatal case of acute glanders, reported by S. P. Duffield, M. D. A young man residing in Wayne county purchased a horse in Detroit afflicted with glanders. The young man took the disease from the animal and died a horrible death. The secretary read a report of a similar case occurring in Troy, Oakland county, reported by Dr. J. A. Post. He also read an abstract of a paper on the subject of glanders, mentioning other cases which have been reported to the board. This paper embodied a description of the disease, the methods by which it is communicated, suggestions for its prevention by means of a prompt report of cases, the isolation of animals or persons afflicted, the destruction of animals, disinfection of surroundings, the existing laws in this State, the laws in other States, and a proposed series of regulations to be adopted by local boards of health in Michigan.

A communication from Dr. O. Marshall, of Lansing, was read, relative to diphtheria in the township of De Witt, Clinton county. A map accompanied this paper, showing the number of cases and the deaths at each house, the order of the occurrence of cases, and the paper showed the methods by which the disease was communicated from one person to another. He was able to trace such communication in nearly every case.

A communication was received from the National Board of Health asking the advice of the board as to the best plan for the organization of a national health service, and a plan prepared by Dr. Hitchcock, by request of the board, was adopted and the secretary directed to transmit it to the National Board of Health.

The secretary presented the subject of the necessity for steamboat inspection on the inland lakes of the State, and read correspondence from James A. Dumont, United States Supervising Inspector General of Steamboats. Mr. Dumont says "that any State having inland navigable waters is guilty of a crime against its citizens every day that it fails to enact laws for their protection when on steamers navigating such waters." This subject was referred to Hon. Leroy Parker, committee on legislation, who was asked to consider the question of making the United States regulations for steamboats applicable to the inland waters of Michigan.

Dr. J. H. Kellogg read a report on "Sanitary Protection Associations in Cities and Villages." He presented strong arguments for a sanitary association in every city and village in the State, which shall co-operate with the local boards of health, wherever possible, and secure action when they are inefficient. He gave a detailed plan for the organization of such associations.

Drs. Hitchcock and Lyster, of the special committee, reported details of a plan for a sanitary convention on January 7 and 8 next at Detroit, and one at Grand Rapids during the month of February, 1880.

The convention at Detroit will be held in

St. Andrew's Hall on the dates named above. There will be two sessions each day, from 9 A. M. till 12 M. and from 2 P. M. till 5.30 P. M. The officers of this convention are as follows: President, Ex-Gov. Hon. H. P. Baldwin; Vice Presidents, Hon. Jas. Birney, U. S. Minister to the Hague, Wm. Brodie, M. D., Hon. Wm. L. Webber, Mrs. John J. Bagley and Mrs. Morse Stewart; Local Secretary, C. Henri Leonard, M. D., 52 Lafayette avenue, Detroit. Subjects to be presented:

1. Abbatoirs for cities.
2. School hygiene.
3. Ventilation of living and sleeping rooms.
4. Cooking schools.
5. Plumbing for dwellings.
6. Prevention and limitation of contagious diseases.
7. Inspection of food.
8. Water supply for the family.

The minor details of the convention at Grand Rapids are not perfected, but those and the date will be announced hereafter. The President of the convention will be Rt. Rev. Geo. D. Gillespie, and the local Secretary will be Arthur Hazlewood, M. D. Subjects to be presented—

1. Public interest in and importance of general sanitation.
2. School architecture in respect to its hygiene aspects and importance.
3. Sewerage—its importance, its benefits and its dangers.—E. H. Van Deusen, M. D.
4. Sanitation of the sick room.
5. Infection—the every day dangers of it, and how to prevent it.
6. Habits in their relation to health and disease.

There will be an evening session from 7 till 9.30 o'clock at the opening of the convention; on the following morning a session from 10 A. M. till 12 M.; a session from 2 till 5 P. M., and an evening session from 7 till 9.30.

Manufacturers of all kinds of sanitary apparatus or appliances are invited to send specimens of their manufactures for exhibition at these conventions in accordance with the following regulations:

(*a*) The Board of Health reserves the right to decline any article not deemed suitable.

(*b*) A full description of each article proposed to be exhibited must be forwarded to the secretary of the convention with the application for space.

(*c*) There will be no charge to exhibitors for entrance fee or for wall or floor space.

(*d*) Exhibitors will pay all expenses of transportation, storage, placing and removal of goods, and must themselves be responsible for any breakage or damage to their articles.

(*e*) Every article exhibited, and every model, drawing or photograph must bear a descriptive label, giving a detailed statement respecting its construction, use, and the price at which it can be furnished, and the name and address of the agent and the place of sale.

(*f*) Exhibitors may employ persons to explain their exhibits and properly to solicit orders.

(*g*) The position of articles in the hall will be determined by the secretary of the convention.

(*h*) Articles for exhibit will be received by the secretary of the convention at Detroit, Dr. C. H. Leonard, 52 Lafayette ave., from December 15, 1879, to January 6, 1880. The time of entering articles at Grand Rapids has not been yet determined.

Competent judges will be invited to thoroughly examine the articles exhibited, and certificates of merit will be awarded. The records of the proceedings, papers and addresses, and a catalogue of articles exhibited, with awards of the judges, will probably be published in the annual report of the secretary of the State Board of Health. Reprints from that of the proceedings may contain several pages of advertisements, for which there shall be charged the following rates: $10 per page, or $6 per half page, the payment of which secures to the advertiser ten copies of the reprint, and additional copies at cost.

The admission to the exhibit and to all sessions of these conventions shall be free.

Dr. Lyster, special committee on proposed examinations by this board in sanitary science reported a plan. Dr. Baker proposed some slight modifications, and the plan was adopted. It contemplates the examination and granting of certificates to such persons as sustain an examination showing them qualified to act as health officers. The first examination will be held in July next.

After the transaction of a large amount of business the board adjourned. The next regular meeting of the board will be on Tuesday, January 13, 1880.

THE SPIRITUAL IN MAN.—Dr. G. E. Corbin, of St. Johns, Mich., writes:

"In the *News* for the 10th inst. you very correctly state that "no rational being can be indifferent to this question." 'Tis a question, indeed, in which *all* are deeply interested; a question which no busy practitioner should ignore. I desire to incite no

controversy. I have but few words to offer. I offer those in the same spirit, and for the same purpose that I investigate physiology or pathology—in order, if possible, to arrive at truth. You state, "We recently published the declaration of faith, made on his death-bed, by the late Dr. Tilbury Fox."

Please, sir, will you inform your readers why you insert the clause "made on his death bed?" Candidly, now, as a medical man, do you consider "death-bed" opinions as valuable as the opinions formed and entertained in the vigor of life? Why does the physician, when his temples are throbbing with fever and his frame quivering with pain, call his brother across the way instead of prescribing for himself?

Our cousins of the legal profession will tell you "'Tis a valuable maxim in law that wills should be made in good health, if possible, before disease or old age impairs the powers." We of the medical profession must certainly confirm their good judgment in this opinion; for we can not be unmindful of the fact that many celebrated authors have wept like children in their old age, because they could not understand what they themselves had written when in the vigor of manhood. Allow me to quote one sentence from the article which you insert from the *London Lancet*.

"It is not rational to believe that man has been imbued as we find him imbued, with a longing for personal immortality, without the existence of a future state, which has called forth and will hereafter justify his aspirations."

Is it a fact that we always attain, here in this life, that for which we entertain a great "longing?"

Is it "rational to believe" that a "longing" for something beyond this life, is any *proof* that we will ultimately attain to it? After much reflection on this subject, I am fully persuaded that *faith is the offspring of desire; not of judgment.* Faith can only exist in the absence of knowledge. Positive proof invariably destroys the possible existence of faith.

Will some good, kind brother and companion in life's journey, please explain to me why we should accept processes of reasoning in this, the most important of all questions, which we invariably reject as unreliable in reference to all our worldly affairs?"

SPECIALTIES.—Dr. James Lamb sends in the following by way of a protest against certain flippant objections to specialists:

"In social science, theology, law or medicine, it is much easier to find fault with the existing status, or to propose its change or destruction, than to introduce anything new or better. That specialism is calculated to lead those who practice it into extremes, there can be no doubt, and that waves in medicine and surgery, and especially in gynecology, do sweep over the profession occasionally, we are ready to admit. But granting this proposition, is no argument to justify any man in ridiculing the practice of a specialty. In vol. II, No. 21, of the NEWS, I find a quotation from Dr. Thomas Kennard, (*St. Louis Med. and Surg. Jour.*), in which he makes a slanderous charge on women who submit to treatment for uterine troubles, charging their submission to a morbid desire to be handled by the opposite sex, and that castration is the remedy for aspiring gynecologists. But because Simpson slit up the cervix and Emmet sews it up, and Hodge held up the organ with a toy, and Baker Brown cut off the clitoris, is no argument against prudent and conservative gynecology. Enthusiastic specialists are very liable to become extremists, but the sober, second thought of the profession, enables them to profit by their blunders. And I think it will certainly be admitted by all fair-minded men that thousands of women to-day enjoy good health, for which they are indebted to the gynecologist, who, 30 years ago, would have been consigned to a life of hopeless misery, because the medical advisor could do no more than temporize, and order a little tea of valerian or a dose of assafœtida."

DIPHTHERIA.—In 1873 occurred a very remarkable epidemic among horses. At the same time people suffered to some extent from a species of influenza, supposed by many to arise from the same cause or causes which induced the disease in the horse. Others believed that the disease was actually transmitted from the horse by contagion. Let this be as it may, the same or a similar ailment, which is now dignified as diphtheria, has prevailed more or less extensively ever since, both in Europe and America. In some localities it has not been severe, while in others the mortality has been truly alarming, as shown by the subjoined telegraphic report of the 16th, on the Prevalence of Diphtheria in Russia:

The diphtheria, which for several years has made great ravages in Russia, seems to be gaining more and more ground. "The disease," says the *Novoe Vremya*, "has attained such frightful proportions in some regions that the percentage of mortality far exceeds that of births. In Odessa, since May last, diphtheria snatched away 76 per cent. of the children, and in Stavropol, in the course of four months, one-half of the infant population fell victims to the disease. In Kisheneff and in the vicinity of Kieff and Poltava, the epidemic has been raging for the last two years without interruption. In the village of Kaploonofka, in the government of Kharkoff, 57 children have died in two weeks. In the hamlet of Nakomobka, more than 200 infants have been carried away by disease since January last, in addition

be a more applicable term. Vomiting is frequently nauseating in itself, and may aid in a more extended continuation of the act than the original cause would give rise to—thus allowing a larger field of action for the gastric distention than a casual observation would concede.

I am aware that vomiting occurs in unconsciousness under other circumstances, where some special cause may be found; as is seen in the administration of emetics, reflex irritation, etc. Ether, however, does not produce vomiting sufficiently often to be classed with emetics, even were its narcotic effect left out of the question. The vomiting is only a complication frequently met with, and is due to accidental cause or causes.

I consequently consider that deglutition of the vapor is a prolific source of vomiting, after the administration of ether, and that its action is chiefly mechanical. Yet, I would not be considered as excluding other causes; for vomiting undoubtedly occurs when it cannot be ascribed to the above cause I simply offer this as a prominent factor, a knowledge of which may aid us in working out the remaining components of a disagreeable problem.—*Virg. Med. Monthly.*

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Of all the remedial measures proposed there is no prescription which is so generally useful in these cases as equal parts of pure carbolic acid and tincture of iodine, of which one or two drops may be administered in water three times a day. For the vomiting only, a solution in cherry-laurel water of carbolic acid, or a combination of carbolic acid with bismuth in an emulsion, will be found effective. Nitro-glycerine, benzine, and bisulphate of carbon have been used, with advantage, to allay nausea and vomiting. The most effective means to allay pain is the hypodermatic injection of morphia. The stomachal administration of the same agent is inefficient, owing to the diminished absorption power of the organ. Laudanum by enema, morphia in the form of suppository, or the endermic use of morphia, are preferable to the stomach administration. Great care is necessary in the prescription of anodynes, for the need grows rapidly, and the consumption becomes enormous, reducing the patient to a mental and moral weakness dreadful to contemplate.

Arsenic, in the form of Fowler's solution, one or two drops, three times a day, has considerable power to allay pain, and is not without influence in retarding the growth of epithelial cancer. As respects the power to relieve pain, the physiological basis for its employment is the action of arsenic, in toxic doses, on the nervous system of animal life. It has been repeatedly observed that sometimes, in large doses, no vomiting was produced, but coma and insensibility followed. A great many facts have now been accumulated, proving that cancer of epithelial origin may be greatly retarded in its growth by the persistent use of moderate doses—two drops of Fowler's solution *ter in die.*

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Consumption, he claims, is caused by a years to fungoid growth, easily detected in the blood by the microscope long before the ordinary symptoms or physical examination would lead us to suspect the disease. This fungoid, if such we may term it, is nourished by fermentation, and, therefore, all articles of food which are susceptible of fermentation, vegetables, fruits vinegar, etc., should be discarded or used in very limited quantities, for this fungoid can not continue to develop when fermentation ceases.

This theory of the cause suggests the "Method of Cure." The patient must be restricted to a meat diet. One mouthful of bread or boiled rice to six of meat, and a cup of tea or coffee, without sugar or milk, may be permitted. Not less than an hour before each meal and at bed-time the patient should drink one half pint of hot water. This is to wash out the stomach and bowels and remove the yeast that may be in them. It is an excellent appetizer and does more good than medicines. On retiring take a hot-water bath containing a tablespoonful of ammonia, and finish with brisk rubbing. The meat diet may not be very pleasant at first, but in a few days the patient becomes accustomed to it and rather relishes his new mode of life. It is well to have the supervision of a competent physician to direct the amount of exercise, recreation, etc., and to strengthen weak resolutions in those who have not perseverance to continue the treatment alone.

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The patient may take the bath in bed, either in the sitting position or with his shoulders propped up; or, if strong enough, he may sit in a chair. The water should be of a medium temperature, which may be left to the patient to regulate in such a manner that it feels to him neither too cold nor too warm. Of late years Prof. Verneuil has added disinfecting liquids to the bath, viz.: solutions of either the chloride of soda of Labarraque, carbolic acid, or hydrate of chloral, and employing from 10 to 20 per cent. of the chloride, and from one to two per cent. of carbolic acid and of chloral—varying the doses of the antiseptic according to the effects desired to be produced and the duration of the immersion. Thus, with an infected wound, with gangrene, a more concentrated bath, of short duration is employed, as also when the weakness of the patient, prevents too prolonged or too frequent baths. Less strong doses are employed when the primary putridity is destroyed, and when the patient is able to continue the bath for four or five hours together. Prof. Verneuil habitually employs carbolic acid, but for those to whom its smell is repugnant, he substitutes the hydrate of chloral. Labarraque's liquor is especially useful when gangrene is present, as it has singular power in aiding the elimination of eschars. But many persons can ill bear the smell of the chlorine, and the unpleasantness from this can be greatly diminished by covering the bath with thick cloths, or closing it by a cover. The bath of carbolic acid shows the error of those who regard this substance as an irritant. Over and over again the hand and forearm have continued in a 1 per cent , or stronger solution, for two hours, and almost always the patients have declared that they felt considerable relief from it. In the interval of the baths, the limb, immobilized or not, according to the nature of the case, is conveniently placed on a support, and covered by a compress of muslin folded several times, and wetted with the liquid of the bath. A layer of wadding, and over this some oiled silk, complete the dressing. Prolonged immersion gives to the wounds, and especially recent ones, a somewhat pale aspect, but this appearance is of short duration, and in general, when the cleansing of the wound is over, the granulations have an excellent appearance, and assume a vermilion color, scarcely an hour after leaving the bath. The quantity of pus secreted

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Consumption, he claims, is caused by a years to fungoid growth, easily detected in the blood by the microscope long before the ordinary symptoms or physical examination would lead us to suspect the disease. This fungoid, if such we may term it, is nourished by fermentation, and, therefore, all articles of food which are susceptible of fermentation, vegetables, fruits vinegar, etc., should be discarded or used in very limited quantities, for this fungoid can not continue to develop when fermentation ceases.

This theory of the cause suggests the "Method of Cure." The patient must be restricted to a meat diet. One mouthful of bread or boiled rice to six of meat, and a cup of tea or coffee, without sugar or milk, may be permitted. Not less than an hour before each meal and at bed-time the patient should drink one half pint of hot water. This is to wash out the stomach and bowels and remove the yeast that may be in them. It is an excellent appetizer and does more good than medicines. On retiring take a hot-water bath containing a tablespoonful of ammonia, and finish with brisk rubbing. The meat diet may not be very pleasant at first, but in a few days the patient becomes accustomed to it and rather relishes his new mode of life. It is well to have the supervision of a competent physician to direct the amount of exercise, recreation, etc., and to strengthen weak resolutions in those who have not perseverance to continue the treatment alone.

On the Prolonged Antiseptic Bath.—In an article in the *Archives Générales* for July and August, Prof. Verneuil observes that this mode of treating wounds is not now much resorted to, and is suitable only for a small number of cases; but for them it is of such utility, and so superior to all other means of local treatment, that it deserves a very high place as a therapeutic agent, and he the more readily refers to it that surgeons of the present day, in their enthusiasm for new modes of dressing, seem to have forgotten its existence Prolonged—or as at that time they were employed, permanent—local baths have been used since 1854, by Valette, Langenbeck, Zeiss, and others, after amputations, and for wounds of the extremities, and some excellent results have been obtained; and in 1856 Prof. Verneuil commenced his trials with them. In one case of a fracture of the forearm, the limb was retained in the bath uninterruptedly for twenty-eight days, and in many cases of wounds of the hand and forearm the bath was continued for from four to twelve days. This mode of treatment superceded that of continuous irrigation, which, so useful in contused wounds of those parts, conveniently placed for its adoption, proves of little avail in those with which the water cannot come in direct contact. In the bath every part of every kind of wound is accessible. In later times, however, Prof. Verneuil has greatly modified this means. For the cumbrous apparatus formerly in use he has substituted ordinary vessels for the reception of the hand and arm, and instead of the permanent bath, which was most inconvenient in application, especially during the night, he now uses simply a bath, prolonged for two or three hours only, and repeated two or three times a day. It was found also, that this prolonged bath could not be conveniently applied for wounds of the lower extremities, and of late years it has been entirely confined in its application to those of the hand and arm.

The patient may take the bath in bed, either in the sitting position or with his shoulders propped up; or, if strong enough, he may sit in a chair. The water should be of a medium temperature, which may be left to the patient to regulate in such a manner that it feels to him neither too cold nor too warm. Of late years Prof. Verneuil has added disinfecting liquids to the bath, viz.: solutions of either the chloride of soda of Labarraque, carbolic acid, or hydrate of chloral, and employing from 10 to 20 per cent. of the chloride, and from one to two per cent. of carbolic acid and of chloral—varying the doses of the antiseptic according to the effects desired to be produced and the duration of the immersion. Thus, with an infected wound, with gangrene, a more concentrated bath, of short duration is employed, as also when the weakness of the patient, prevents too prolonged or too frequent baths. Less strong doses are employed when the primary putridity is destroyed, and when the patient is able to continue the bath for four or five hours together. Prof. Verneuil habitually employs carbolic acid, but for those to whom its smell is repugnant, he substitutes the hydrate of chloral. Labarraque's liquor is especially useful when gangrene is present, as it has singular power in aiding the elimination of eschars. But many persons can ill bear the smell of the chlorine, and the unpleasantness from this can be greatly diminished by covering the bath with thick cloths, or closing it by a cover. The bath of carbolic acid shows the error of those who regard this substance as an irritant. Over and over again the hand and forearm have continued in a 1 per cent , or stronger solution, for two hours, and almost always the patients have declared that they felt considerable relief from it. In the interval of the baths, the limb, immobilized or not, according to the nature of the case, is conveniently placed on a support, and covered by a compress of muslin folded several times, and wetted with the liquid of the bath. A layer of wadding, and over this some oiled silk, complete the dressing. Prolonged immersion gives to the wounds, and especially recent ones, a somewhat pale aspect, but this appearance is of short duration, and in general, when the cleansing of the wound is over, the granulations have an excellent appearance, and assume a vermilion color, scarcely an hour after leaving the bath. The quantity of pus secreted

(*a*). I believe them to be true from my own experience.

(*b*). Because, "if the experience of Dr. Salisbury and myself should be realized by all physicians in the United States, at least 18,000 lives annually could be saved by detecting the pretubercular state alone."

(*c*), I believe that Dr. Salisbury has waited long enough. Twenty years of a life is, in this age, a *century* under the old time usages.

(*d*). Because Dr. Salisbury and myself (as a humble disciple) are both ready and willing to let this be tested by any who may be willing to come and see.

(*e*). Finally, I do as I have done that it cannot be said in future time that I have not done all I could to put this, in my opinion, grandest contribution to the medical knowledge of this age, in the hands of the profession. If I don't succeed in so doing, I shall have the consciousness of having acted up to my intense convictions of duty.

N. B.—See my paper in *Southern Clinic*, 1879, on the Morphology of Diseased Blood, for more facts about Dr. Salisbury. His published works number over 70. E. C.

94 Tremont street, Boston, November, 1879.

Sulphite of Soda in Malarial Fevers.

By L. AUSTIN PORTER, M. D.

I have been using sulphite of soda in many of the malarial fevers, which have been quite frequent in this neighborhood this fall. I find the results quite satisfactory, not a grain of quinine being necessary. It has appeared to me that cases thus treated are less subject to a relapse: the career of fever is cut perceptibly short, and convalescence immediately begins. I take the tongue of the patient as my guide-board for the administration of this salt. When I find it presenting a broad, flabby appearance, with pale texture and covered either with a pasty white, yellow, or brownish coat, with bad taste in mouth and fullness of stomach, sulphit-soda is my remedy; and with these signs I regard it as almost an infallible cure. But if the condition of the tongue be different from that here described, it will do more harm than good. It is absurd to administer it to a patient whose tongue is red, red-edged with fur in centre, or even covered with fur entire, while the body of it is red, or in which red papillæ are projecting up above the coating. There is nothing that will clean off the tongue quicker than this salt.

In properly selected cases it acts as a sedative, nervine, sudorific, and anodyne, bringing down the quick pulse, lessening irritability, cooling the burning skin, and soothing the aching body. My mode of giving this remedy, is to use about sixty grains, divided into ten powders; one powder given every two hours in mucilage, albumen or slippery elm tea.

Gossett, Ill.

Formulary.

Mixtures for Diseases of the Nervous System.

The *Hospital Gazette* gives the following formulary as those in use at the New York Insane Asylum:

Delirium Mixture.—

℞ Potass. Bromid		ʒ 4
Tinct. Valerian. Amm	fl.	ʒ 1
Tinct. Lupulinæ		
Tinct. Digitalis	aa fl.	ʒ ½
Aquæ q. s. ad	fl.	ʒ 4

Mix. Dose, a tablespoonful. To be used with care and effects to be watched.

Hammond's Mixture.—

℞ Quiniæ Sulph		
Ferri Pyrophosph	aa	ʒ 1
Strychniæ		gr. 1
Acidi Phosph. dil. (tribas)	fl.	ʒ 2
Syrupi Zingiberis	fl.	ʒ 2
Aquæ q. s. ad	fl.	ʒ 4

Mix. Dose, a tablespoonful.

Mistura Anti-Epileptica.—

℞ Sodii Bromidi		
Potass. Bromidi		
Ammon. Bromidi	aa	ʒ 8
Potass. Iodidi		
Ammon. Iodidi	aa	ʒ 1½
Ammoni Carbon		ʒ 1
Tinct. Calumbæ	fl.	ʒ 1½
Aquæ q. s. ad	fl.	ʒ 8

Mix. Full dose, one and a half-drachms before each meal, and three drachms at bedtime. (Dr. Brown-Sequard.)

Mistura Cannabis.—

℞ Tinct. Cannabis Ind		♏ 10
Spiriti Menthæ Pip		♏ 1
Aquæ q. s. ad	fl.	ʒ 1

Mix. One dose: to be taken thrice daily after meals.

Mist. Epileptica (Belladonna).—

℞ Potass. Bromidi		grs. 25
Tinct. Belladonnæ		♏ 5
Aquæ q. s. ad	fl.	ʒ 1

Mix. One dose, to be taken thrice daily.

Mist. Epileptica (Conium).—

℞ Potass. Bromidi		ʒ ½
Ext. Conii Fl		♏ 15
Aquæ q. s. ad	fl.	ʒ 1

Mix, One dose, to be taken thrice daily.

Mist. Epileptica (Ergota).—

℞ Potass. Bromidi		
Ammon. Bromidi	aa	ʒ ½
Ext. Ergotæ Fl		♏ 15

Mix. One dose: to be taken thrice daily in cases characterized by considerable maniacal excitement following the attack, indication of cerebral congestion, and especially where hemorrhage is feared. (Dr. Chas. R. Smith).

Mistura Sedativa —

℞ Chloralis		grs. 15
Ext. Conii Sem. Fl		
Extr. Hyoscyami Fl	aa	♏ 15
Aquæ q. s. ad	fl.	ʒ 1

Mix. One dose, to be taken thrice daily, after meals.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, DECEMBER 10, 1879. NO. 23

Miscellany.

SALUTLAND—THE IDEAL OF A HEALTHY PEOPLE.—The *Medical and Surgical Reporter* publishes the very interesting address of President Dr. B. W. Richardson at the recent Sanitary Congress held at Croydon, England. The sketch of the ideal land is both interesting and instructive. The land itself is by no means merely Utopian. There is little in its sanitary condition, at least as represented, which might not easily be attained to, while the regulations for eradicating the hereditary diseases are certainly not as chimerical as some might be inclined to regard them. There is sufficient interest in the sketch to justify us in giving a full abstract of it.

Dr. Richardson commences by citing the opinions of Flourens and Owen, that the natural term of man's life is one hundred years. He then asks us to go with him, in imagination, and in the year A. D. 2050, to a land which has been known as Salutisland, or more commonly Salutland, where we may see the inhabitants living out the full measure of their days. The secret of their longevity lies in the mode of their life and in the condition of their surroundings. Salutland is a country three hundred miles long by an average breadth of two hundred miles, and is inhabited by seven millions of people. It has no capital, and therefore no centralized government, the wise, matured men, who had passed the age of ambition's fool, having come to the conclusion, in the early days of the commonwealth, that it would be dangerous to concentrate any ruling power in every particular city or center. Politics, therefore, is not a profession, and when a citizen gets up and makes a violent political speech he is regarded either as a harmless lunatic or as a dangerous individual. The laws are administered by censors, one of whom is chosen for every thousand people. The censors must have attained the age of forty years, no younger men being entrusted with the responsible office. There being no politicians or lawyers, the censors have little to do, and the inhabitants having from their youth been thoroughly educated and indoctrinated in the laws of health, there is no need of physicians. There are, however, men and women who have especially prepared themselves for giving relief in times of pain and peril. These are greatly venerated and esteemed, but are never paid for their services, it being regarded the greatest of insults to offer a man or woman pay for the divine service of relieving affliction, either of mind or body.

There are no large cities in Salutland, it being considered that a center of life containing, in a limited space, more than a hundred thousand people is a danger, is, in truth, for all purposes of health, unmanageable. Death, they hold, is the shadow of birth, and if large communities be permitted, in which people are herded together, the shadow may be calculated with as much accuracy as an eclipse. Five separate dwellings to an acre of land and five persons to a separate dwelling, is the densest population allowed. The houses are built on arches, which raise them from the ground (no cellars underneath); the bedrooms are disconnected from the living rooms, and gardens are all around, and gardens are on the roofs. There are numerous magnificent parks in which all harmless and tameable animals are free to wander. A man, woman or child who should hunt down or torture one of the inferior creatures would be cast out of society, while the idea of having the dumb creature killed and hung up in open shops to bleed and be quartered and cooked for human beings to live on, would be treated with as much disgust as we should now treat the practice of the owners of those African shambles for human remains which Professor Huxley, in one of his most charming books, has so faithfully re-copied, to illustrate the history of a past civilization. (The people are evidently vegetarians.) The elephant has been thoroughly domesticated and works with an intelligence and skill almost human.

The Saluts never dream of killing or injuring themselves by work on the one hand, or idleness on the other. They reason in this wise: A human being is constructed to perform a certain amount of work. His heart is born to deliver a certain number of beats, say in one hundred years of natural life three billions six hundred millions of beats. He is constituted to develop in the various organs of his body so many trillions of active cells, which make up his molecular organism, and which, duly supplied with force derived from without, are capable of performing so much work, as they live and die. Excessive use of an organ wears out its cell life and the organ dies, and, dying, kills the whole organization. The proper use of all the parts allows each to live its allotted time, and none dies before the other, so that when the body dies it gives out just as the deacon's shay gave out. Having mastered the pestilential diseases, there are no epidemics from pollution of air, of water, or of food. By a proper "natural selection," all hereditary disease has been eliminated from Salutland. The death rate is normal and constant, at eight in the thousand per year, and death

itself is painless; final sleep is hardly more than departure to rest when the day of work is done.

Dr. Richardson then goes on to describe how this Utopian realm was developed. It originated from three hundred Saxon emigrants, who were afterward joined by Kelts and Jews, who freely intermarried with the original settlers. This combination is regarded as the happiest yet known. The climate and soil were excellent, and no severe labor was necessary to provide for the immediate wants. Agriculture was the original pursuit, but necessity compelled a number to engage in the industrial arts. Philosophical physicians soon came to the front—scientific sanitarians as well as professed healers of the sick. These continued to keep a correct history of diseases, and in time learned what diseases would, and what disease would not, get well without the aid of medicine. The result was that the sale of drugs was reduced to a minimum, and the drug trade ceased virtually to exist. The prescribers and sellers even of infinitesimals were themselves forced to give up their case, and to admit that their eyes had been made the fools of their other senses. The four diseases depending upon heredity: scrofula, with its attendant, pulmonary consumption; cancer; specific disease, and insanity, were soon found to be diseases of descent, and were maintained by the inter-marriages of persons subject to them. There was, therefore, but one common sense way of removing them, and that was by a common-sense rule, that such inter-marriages should not be tolerated. The diseases were thus in time eradicated. Some physicians, more enthusiastic than the rest, continued to follow out means of cure, and so to set heredity itself at defiance. One of them declared he had discovered a true specific for the worst of hereditary complaints, but when he was prepared to put his plan into practice he failed to find, in his own country, the precise case on which to practice his method. His brethren, thereupon, with much good feeling, provided him with means to cross over to America. He went, and found abundant opportunities; but reaping, unfortunately, an unmitigated failure, he was soon content to come back to his own people, and to admit that prevention is the natural secret of medical success.

Hereditary diseases being eliminated, the Salutlander had added full ten more years to the expected value of life.

"The second of the final advancements had relation to food and feeding. The physiologists, dealing with the two questions of digestion and food for digestion, were led to the conclusion that a considerable shortening of life was induced by the excess of work which was put on the digestive organs. They bore in mind a fact which I have already mentioned, that many persons die from the wearing out of one particular organ, the rest of the organs being still healthy. Of all organs, they agreed the stomach is most exposed to this danger. It is so much more worked in comparison with other organs, that it must be the first to die, unless the uses to which it is put be wisely directed. They found, on inquiry, that the truth was as they suspected it to be, and that the stomach was distressed both by quantity and quality of food. The result of the research led to quite a social revolution. Following a suggestion thrown out by Flourens, they decided, on anatomical grounds, that man was neither herbiverous nor carniverous, but a frugivorous, or fruit-eating animal. Next they estimated the precise amount of food and of drink that was necessary to support the reserve and the active life in the varied stages of life. Again, they determined the reduction of food that is required when the reserve life is withdrawn, and when, the active life being left alone, it is the more requisite that no additional surplus of tissue or fluid, fat or water, should encumber the body, that no excess of force should be supplied to the digestive organs to the deprivation of other organs equally important, and that no over-taxation should be cast on the digestive organs themselves. Step by step, they were led hereupon to the introduction of an entire change of food and feeding. Animals were given up as sources of sustenance; fruits became greatly in demand; the bread tree competed with wheat grain; the banana and the grape were called largely into use; the juices of fruits almost entirely superceded water as beverages, while chemistry, coming in always to the assistance of man, easily transmuted many vegetable substances into the most perfectly digestible foods for every variety of age and constitution. Of purely animal substances, milk only, and the products of it, butter and cheese, retained full sway. Of the vegetable kingdom not frugivorous, cereals, pulses, tomatoes, potatoes, and other fresh vegetables, with the edible fungi, retained their useful place; and in respect to quantity of food and drink, not more than half by weight began to be consumed compared with what had been consumed before. The change thus commenced soon became universal. It modified not in the least the spirit of hospitality, while it refined it immeasurably. To banquet for the sake of mere sensual gratification became an obsolete vulgarity; to eat till the sense of oppression from food was the accepted index of enough, and nothing less, was considered worse than vulgar; while the value of abstention to the body at large, by the saving of digestive power and of stomach cell life, added another period to the general life that had already been acquired."

MALTHUSIANISM AS A PREVENTIVE OF INSANITY.—The interesting London correspondent of the *American Practitioner*, in referring to the late meeting of the British Medical Association, says:

"In the Psychological Section, an interesting paper was read 'On the Prevention of Insanity,' by Dr. Rabagliati, of Bradford, who spoke of the deplorable condition of Yorkshire, where one in every twenty-five or thirty was a pauper; and that in that county alone there were no less than two thousand nine hundred pauper lunatics in the county asylums, besides those in the workhouses. He proposed to take somewhat summary measures to meet such an appalling state of matters. He held that the ratepayers would be quite justified in insisting upon a forcible limitation of such a state of matters, and suggested that in the present ignorant mass of so-

ciety marriage should be prohibited between persons who had ever been insane, and at any period of adult life been chargable to the rates. His own opinion, based on a careful examination of facts—and Dr. Rabagliati is a man of no mean powers—was that insanity was only one group of a large class of closely allied diseases, such as scrofula, consumption, cancer, and perhaps syphilis. He thought that though there was no forcible interference as yet with the marriages of persons so affected, still there was already a very strong feeling against them. He thought much might be done by great attention to the physical development of children inheriting any taint. 'He thought that with our over-peopled country, the number of the children of a family should average three, who could then be properly cared for; but were the present high death-rate to continue, then the average number should be five or six. He had heard it objected that such a course would only be followed by the prudent and thoughtful, who would then soon be swamped by the idle and the profligate still multiplying without check; but this argument overlooked the lessons of history.

From a somewhat extensive personal acquaintance with Yorkshire, I should feel inclined to say that in no county in England is there less likelihood of the doctor's suggestions being entertained for a moment than in Yorkshire. That county is noted for the fertility of its women; in the agricultural districts families of seventeen and eighteen are quite common; while, in the towns the families are smaller, but that is due to a high mortality, not to any decrease in the number of conceptions. Yorkshiremen, too, notoriously disregard any necessity for th marriage ties in their amours; holding a promise to marry, if any untoward result followed, as quite a sufficient guarantee to the compliant female The necessity, too, for children to attend to certain parts of the machinery of mills, encouraging him to test the fertility of his prospective spouse, before entering upon any matrimonial contract. So that, on the whole, Dr. Rabagliati has chosen a county where his views are least likely to meet with acceptance.

Dr. Mould, of Cheadle, near Manchester, said that the people married from other and more emotional considerations, and not after careful inquiry and due consideration; 'and he felt assured that it was most injudicious and inexpedient for scientific men to interfere with the relations betwixt the sexes, and especially the regulation of the number of children.' He quite agreed with the view that the cultivation of healthy growth in children would do much to reduce the proportion of insanity."

SELF-LIMITATION OF DISEASE.—Dr. L. F. Warner, of Boston, in his paper read before the Buffalo meeting of the American Medical Association, on the Connection of the Hepatic Functions with Uterine Hyperæmias, Fluxions, Congestions and Inflammations, has the following rather sensible remarks on the self-limitation of disease:

I believe that much harm has been done by doctrines widely taught in some parts of the country, one of which is the self-limitation of disease, which, when fully accepted, leads the physician to feel that he has no power to cut short or limit disease. By way of illustration: Where disease commences in a case of ovaritis, and extends to the peritoneum, and is limited only when it has no more peritoneum to affect, and the death of the patient ensues. It is a fact well known by every physician of experience, that disease, instead of being self-limited, may, by a judicious course of treatment, be itself limited, as in the above case, to the ovary or a small part of the peritoneum, a quarter, a half, or two-thirds, and the patient's life saved, instead of letting the inflammation go uncontrolled, and result fatally.

Again, it is as if a person standing upon the dock, seeing one struggling in the water, and crying for help, should call his attention to his own physical system, saying: "Look at the symmetry of my person; my muscles have been most perfectly developed in a first-class gymnasium. I have for several years practiced lifting, until I have become exceedingly strong. Struggle on. In my experience, as many drowning men have been saved by their own exertions as by assistance." "But are you going to help me?" cries the sufferer. "Why, most certainly. I am going to give you a little beef tea to keep up your strength, and a hypodermic injection of morphine to prevent too great a shock to your nervous system. I shall place a thermometer in your axilla to see what effect cold water has upon the temperature of your body." Now the most practical and humane way would be to pull him out; if you could not seize him by the collar, grasp him by the hair of the head and save him, notwithstanding the bystanders might raise the cry of cruelty and inhumanity for saving him by so harsh a method.

If a physician should assert, "Because I cannot control disease, I will do nothing to save life," he would be like the skillful mariner who would say, "Because I cannot control the storm, nor stay the wind, I will let my vessel, with its costly freight and precious lives, go to destruction." He will not act thus, but will conduct his vessel through the narrow and rocky channel to the port of safety. Now, I ask, has not he done as much for his vessel, its costly freight, and precious lives, as though he had controlled the storm and stayed the wind?

The doctrine of self-limitation of disease, in a physiological sense, is a misnomer. It is not strictly true even in regard to zymotic or contagious diseases, as complications may arise which will extend them beyond their ordinary limitation, or death may ensue, putting an end to both patient and disease. Hence it is clearly the duty of the physician to

limit the disease, to prevent complications, and to save life.

We hear much said about treating disease on the expectant or do-nothing plan. Says a certain writer, "I have proved, to my own satisfaction at least, that some of the gravest or most painful diseases, left without drugs, but otherwise properly cared for, will go on quite as favorably, and with as many recoveries, as when submitted to medication." To our own mind, this is a mode of therapeutics difficult to define, for in very many cases it is impossible for the physician to know what to expect, and, to secure a favorable result, active medication is demanded, and all the means employed which knowledge and experience can suggest; for in many cases, if left to the above plan, the patient may die before he is expected to.

When the sick were brought to our Saviour, He did not talk to them about the limitation of disease, and of treating them on the expectant plan, but "healed all their diseases and went about doing good."

PERSEVERANCE OF ILLUSTRIOUS PHYSICIANS.—J. Milner Fothergill, in *Medical Times:*

"At the Durham University College of Medicine, Newcastle-upon-Tyne, Dr. David Drummond, Lecturer on Physiology, delivered an able and eloquent address, in which he first pointed out the value of sustained industry, and pointed to the career of the illustrious Hey, who worked ten long years before he could secure a small competence, but success came at last. Dr. Marshall Hall gave twenty-five thousand hours to the contemplation of reflex action, and that, too, when engaged in busy practice. Sir James Simpson and his college friend Dr. John Reid, afterwards Professor of Anatomy at St. Andrew's, commenced their work at an hour that would be considered rather early even by a German professor. John Hunter worked long hours, and so did Sir Astley Cooper, from the very commencement of their student career. Then he insisted upon the importance of cultivating the habit of close observation. Galen observed so carefully that he was the author of several works at twenty-one. Bichat died at thirty. Stokes was only twenty-three when he fought so stoutly on behalf of the stethoscope. He then told how William Hunter and William Cullen went into partnership in order that each, on alternate winters, could go to a medical school to study, while the other looked after the practice,—a scheme which might be more copied with advantage."

MARRIAGEABLE AGES.—The minimum age at which people are permitted by law to marry, is as follows: Eighteen for males and 16 for females in Michigan, Russia, Roumania and Saxony; 14 for males and 14 for females in Austria; 18 for males and 14 for females in Germany; 18 for males and 15 for females in France, Belgium, Italy and Protestant Hungary; 14 for males and 12 for females in Spain, Portugal, Greece and Catholic (Orthodox) Hungary.

DR. G. DAVENPORT, in the Transactions of the Vermont State Medical Society, recommends the induction of labor for vomiting of pregnancy when other milder methods fail. This is radical treatment, and it is possible cases may occur in which the method would be justifiable. It is believed, however, very few physicians of good judgment ever saw such cases.

Our attention has been called to a manifest error in "Hammond's Mixture," as published under head of Formulary in our last issue. For dose read "teaspoonful" instead of "tablespoonful," as printed.

Book Notices.

THE TREATMENT OF DISEASES BY THE HYPODERMIC METHOD A Manual of Hypodermic Medication. Third Edition enlarged. By Roberts Bartholow, M. A., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc.; pp. 249. Philadelphia: J. B. Lippincott & Co.

The book opens with a discussion of the history of hypodermic medication, which history is divided into two epochs. (1) The discovery of the practicability and utility of introducing medicines under the skin for the relief of local pain, and (2) The demonstration that medicines administered in the manner operate through the blood, and "localization" is not necessary. The technology and general therapeutics are then treated. The author claims, as the advantages of this method, that the effect is produced more speedily than by the stomach; that the whole effect of the quantity introduced is received; that the results are more permanent and curative; that gastric disturbance rarely occurs; and that the administration may be made to persons unwilling or unable to swallow. A list of the diseases to which it is best adapted, and of the medicines which may be employed, is then given. Under the head of morphia an interesting and practical point is made. The author claims that fear of constipation need not deter from giving this salt hypodermically, as this method of giving it frequently cures constipation through the boborygmi and distinct intestinal movements, which are its physiological effects. Atropia, unless contra-indicated in a particular case, should be combined with morphia when given hypodermically. Duboisia, recently introduced as a sub

stitute for atropia, has been noticed by the author to be best adapted to psychical disorders. No reliance is to be placed on atropia as an antidote to strychnine. Dr Bartholow having experimentally shown that no physiological antagonism exists between the two salts The following occurs on aquapuncture: "The injection of water has been gravely proposed as a substitute for morphia in the treatment of painful affections, and a medical eccentric has propounded the extraordinary theory that the systemic effects of a solution of morphia are due not to the morphia but to the water! If this was not intended as a practical joke, if the author is sincere in his opinion, it is a curious example of that morbid desire for notoriety which is without conscience or the sense of shame." We presume Dr. Bartholow has given aquapuncture a fair trial in painful affections; an honest investigator would hardly use such strength of language in condemnation on mere hypothesis. He leaves us, however, merely to surmise that he speaks from experience. We could refer him to a case in which we regularly relieve the excruciating pain of ovarian neuralgia with a hypodermic syringeful of plain water, and we have relieved pain in other cases in the same manner. We have no theory to offer in explanation of the fact, but the fact nevertheless remains, and we make the statement without any "morbid desire for notoriety," that we are aware of.

Enough has been said of this little book, and taken from it, to satisfy any one that it is such a book as he who would be up to the present status of knowledge on the subject of hypodermic medication, must read.

A System of Midwifery, including the Diseases of Pregnancy and the Puerperal State. By Wm. Leishman, M. D., Regius Professor of Midwifery in the University of Glasgow, etc. Third American edition, revised by the author, with additions by John S. Parry, M. D. 200 illustrations, 732 pp., 8 vo. Philadelphia: Henry C. Lea; Detroit: E. B. Smith & Co.

Although but a comparatively short time before the profession, Leishman's Midwifery has become an authority, and is a text book in most of the medical schools. We have expressed our commendation of the work in noticing previous editions.

In view of a number of articles which have lately appeared advocating a resort to induced labor in alarming cases of vomiting during pregnancy, we submit the following views of Leishman on the subject: "We cannot assent to the view that the operation is never justifiable, although we admit that the cases which would warrant it are of extremely rare occurrence. That such cases do occur we cannot doubt; but let the young practitioner be assured that a life-long experience will scarcely bring such a case under his observation, and let him beware, therefore, lest by exaggerating to himself the importance of the symptoms, he may by his own anxiety be led into error." These are fit words, and we commend them for the consideration of those who have recently reported the several cases in which the operation was considered necessary, from the excessive vomiting, to save the woman's life.

The following on albuminuria in pregnancy is but another evidence of the careful observation and good judgment of the author: "Experience has fully disclosed that, in the majority of cases in which albumen is actually detected in the urine by chemical examination during gestation, the general health is little if at all affected, and the normal constitution of the urine is restored within a short period after delivery."

Leonard's Physicians' Pocket Day-Book. Post-paid, $1.00. Your name on side, in goldleaf, $1.25; your name, town and State, $1.50. It is 8¾ inches by 7 inches in size; is bound in full maroon-colored Russia, with flap, pocket, pencil-loop, gilt side stamp and red edges.

The publisher's aim is to make it the most complete, best gotten up, cheapest and lightest day-book for physicians' use ever issued. It is large enough to carry ordinary bills without folding, and also a full supply of prescription blanks, etc. It is so arranged that it will accommodate daily charges for forty families per week, with weekly credits; or, daily charges for twenty families, with daily credits, for the entire year. Besides these columns for daily Crs. and Drs., there are columns for ledger page, total Drs., total Crs., and balance due. Also there is a complete record for ninety-six obstetrical cases, and daily memoranda for Dr. and Cr. cash account for the year. It is always good for one year from the first of any month.

Leonard's Day-book is clearly the work of a practical physician—one who knows how it is himself. It reduces the difficulties of book-keeping to the minimum. It had a large sale last year, and those who have used it once will use it again, and will recommend it to their friends.

The Heart and its Diseases; Including the Gouty Heart. By J. Milner Fothergill, M. D., Member of the Royal College of Physicians of London, etc. Second edition (entirely re-written), with illustrations; 8vo.; pp. 476. Price, $3.50. Philadelphia: Lindsay & Blakiston. Detroit: Arnold & Willyoung.

Dr. Fothergill has, through his therapeutical writings and his contributions to the medical periodical press, won for himself the distinction of being one of the most terse and entertaining writers of the day. The work before us is evidence that the author is also a trained and practiced observer, and an original investigator. Works on the heart are wont to be written with a direct reference to the heart itself, the physical signs of disease constituting the only, or chief, guide to treatment. Dr. Fothergill has regarded each form of disease not merely as an assemblage of symptoms and signs, but as possess-

ing a natural history. The treatment, therefore, which he recommends is more general, more rational, and, we believe, more successful than that based on narrower views of the etiology.

The chapter on digitalis is one full of practical interest. Digitalis, the author holds, does not act on the muscular structures of the heart, but through the nervous centers which excite muscular action. It is a direct stimulant to these centers in that it increases the energy of their rythmic discharges. In the palpitation, therefore, of muscular failure it is indicated, but it, with belladonna, is contra-indicated in the palpitation of nervous excitement. This is a point which. borne in mind, will be found of frequent service in practice.

The chapter on gouty heart, with the discussion of the relation between changes in the arterial system and changes in the structure of the kidney is one which should be especially studied in the interest of the *bon vivant*. It is probably the best article on the subject by any writer.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES. By Freeman J. Bumstead, M. D., LL.D., late Professor of General Diseases at the College of Physicians and Surgeons, New York, etc.; and Robert W. Taylor, A. M., M. D., Professor of Skin Diseases in the University of Vermont. Illustrated by 138 woodcuts; pp. 835; 8vo. Fourth edition. Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

Dr. Bumstead (within a few days deceased) was known as one of the leading syphillographers of this or any country. In the present edition, which is more properly a new book than a new edition of the old book, he has associated with him Dr. Robert W. Taylor, whose work on bone syphilis, which appeared a couple of years ago, is beyond a doubt the best work on the subject extant. With such a combination, the object had in view, viz., to bring the subject of venereal diseases fully abreast of the knowledge which has been accumulating with rapidity since the previous edition of Dr. Bumstead's work was given from the press, would very naturally be expected to be successfully accomplished. The work is, probably without exception, the best work on venereal diseases now before the profession.

THE GROUNDS OF A HOMŒOPATH'S FAITH. By Samuel A. Jones, M. D., Professor of Materia Medica, Therapeutics and Experimental Pathogenesy in the Homœopathic Medical College of the University of Michigan. New York and Philadelphia: Boericke & Tafel.

The homœopathic faith is evidently somewhat kaleidoscopic. We have heard and seen a number of "grounds" for the article, but now comes a homœopathic professor with "*the* grounds" and they are different from any before heard or seen up to the date of this writing. Prof. Jones says if he "were asked to state briefly what chiefly distinguishes the homœopathic physician from his older brother in the science and art of medicine, (meaning, we suppose, the regular physician), he would at once reply: 'Not the law of cure, not the infinitesimal dose, not the Hahnemannian hypothesis of chronic diseases; none of these, but simply this—his fixed faith in the efficiency of drugs.'" This is probably the latest "grounds." But "progressive" men can't be expected to be fixed in such an immaterial thing as faith, medical or religious, and before criticizing the "grounds" here enunciated it becomes us to give Prof. Jones a chance to give the kaleidoscope another turn. At present the homœopath believes that there is nothing in the fields and forest which is not of value as a medicine. "That certain of these substances," says Prof. Jones, the latest apostle, "should be declared to be of value, while others are ignored as worthless, is a reflection upon the Divine Intelligence which provided them and invested them with their several properties." Of course the logic of such argument is positively overcoming, and we at once throw up the sponge.

Chemistry, according to these latest "grounds," is of no use in medicine. "The aid of chemistry for its elucidation!" exclaims this professor of experimental pathogenesy, in referring to this subject. "A sonorous phrase; a tale for the medical marines; an apple of Sodom; a mirage; a humbug!" This, of course, settles that subject.

We wish we had space in which to do justice to these "grounds." They are very entertaining—not less so than some other works of fiction with which we are wont to while away a leisure hour. We advise our readers to invest in them when they would like something light and amusing. The price is not mentioned, but we shouldn't suppose it would be over fifty cents.

Original Articles.

Blood as a Stimulant and Food.

BY M. CZARTORYSKI, M. D.

Having read in No. 20 of your valuable periodica the admirable paper of Dr. C. G. Polk on consumption, I would respectfully call the attention of the profession to a most valuable diet—therapeutic article—in all cases where progressive consumption of bodily tissue, anæmia and nervous prostration are prominent symptoms, or whenever, from any cause, the circulating medium is deficient in quantity or in its constituents The article to which I refer is the first drawn blood of healthy chickens, pigeons or other poultry, drawn from the wound direct and well mixed with warm wine or milk punch, or with warm lemonade, milk or coffee and flavored to taste, and taken immediately by patient before it becomes cold or coagulated. It is a well-known fact that the blood of the fowel is rich in red blood corpuscles, and consequently in the phos-

phates. It acts with the most surprising promptitude, relieving symptoms of extreme prostration: for instance, in cases of extreme floodings, during and after the parturient act, when the patient is completely exhausted, and when every hope is abandoned, I have seen it quickly restore warmth and circulation, and, at the same time, allay nervous and gastric irritation. The patient in this condition generally, about 8 to 20 minutes after taking the dose, falls into a sound, healthy sleep. On awaking, of course, the dose is repeated—taking the blood of one to three healthy chickens in the twenty-four hours, always in warm drinks, until the patient is restored to health. It is an article easily obtained anywhere, one that can never do any harm, and that acts better and more promptly than the transfusion of blood from vein to vein. I have given it with the most gratifying results to small, puny or scrofulous babies, who were considered almost unfit to live and only a few days old, as well as to the aged, down with the prostration of old age. It always acts most promptly if taken on an empty stomach.

Anyone may satisfy himself of its prompt effect if tired and worn out by fatigue. Within three minutes after taking a dose a pleasant warmth and pleasurable sensation is felt, extending from the stomach over to the solar plexus, gradually pervading the whole system to end of toes and tips of fingers; at the same time the pulse quickens and bodily and mental fatigue disappear. It has always done good service in my hands, and other physicians ought to give it a trial for humanity's sake. The dose of blood of poultry is perfectly in the hands of the attending physician. Good, healthy poultry is easily recognized and always attainable. The taste resembles milk and may be flavored to suit. The most delicate woman may take it without leaving her parlor and without repugnance. She needs to see nothing of the killing or of the death struggle of the bird. The killing should always be done in a warm place—best near a warm stove—where no draft of air can strike the streaming blood, which is to be well stirred direct into the warm punch or other liquid ordered by the medical attendant. If the patient can overcome the repugnance, the blood may be sucked directly from the wound. It should be drunk by patient as soon as the blood ceases to flow and before the bird is properly dead.

The blood of poultry is in every respect preferable to that of cattle, sheep, etc., as it is much richer in red corpuscles and phosphates; it is more easily obtained, and the certainty of its coming from a healthy bird is greater; besides the patient avoids seeing the disgusting and terrible sights so often seen in slaughter-houses, or smelling their offensive odor, or running the dangers consequent to the killing of large, maddened and frightened animals—sights, smells and dangers that many patients would rather die than encounter.

Well do I recollect, as a student in the medical department of the University of Breslau, Germany, reading in the old reading hall of the University, the following passage from an old Latin manuscript of the medical works of the celebrated Avicenna, one of the most celebrated physicians of olden times, which I give in a free translation from memory:

"If thou hast an patient that from wound or disease has lost his or her good blood, as even an woman that from childbirth or other cause has flooded almost to death, or an man or woman whose blood, by long-standing disease, has dried up, and thou desirest to give both health and life to thy patient, then call to thine help a pure, strong virgin—an pure maid is an well-beloved, true priestess to the Almighty God and to his angels of execution. Let her well sharpen an bright, keen cutting knife, and with this cut the neck through the big veins on each side of an healthy chicken—an rooster for a man, and pullet or hen for a woman or girl—in the name of the Almighty God as an sacrifice to him. Do not cut windpipe or gullet, as this might cause vomiting. Let her cut it that it will bleed very well, and take and stir with the knife the blood in an glass half filled with good warmed wine, as hot that it just may be drunk. Do not press the windpipe of the chicken, but let it breathe while it bleeds that the blood may squirt well and more red. Let the virgin do this in an warm place, free of draught, as near to thy patient as possible that he may drink it warm from her hand. Let him drink it as soon as he chicken ceases bleeding, in the name and with an prayer to the great Almighty God that gives life and health, and thou startest o'er with wonder how quick, if thou givest it often enough and as thine patient needs, thine patient will be restored to new health and life. For only in the blood is the life, and good, healthy, young blood gives to men healthy blood if taken in proper manner. As the virgin—and only such should do it—draws the blood from the chicken she brings an welcome sacrifice of the life to Almighty God and his holy angels and spirits. She alone is fit to kill for sacrifice, and every woman that knows how to kill well is his true, well-beloved priestess, and his holy blessing will rest on her and her work forever. As she does her holy work the angel of death leaves your patient and Almighty God grants him a new term of life. Try it and do as I have often and often done, and thou shalt see and do such wonders that all mankind will be surprised at thine cures and praise the Almighty for his greatness, and give thee great name over all countries."

I hope you will find this worthy of a corner in your valuable journal. I can only repeat with old Avicenna, "try it"—it can do no harm and may save valuable life. I shall always be ready to give any information on the subject that may be desired by anybody.

Stockton, San Joaquin Co., Cal.

History of a Case of Puerperal Eclampsia and of Subsequent Induction of Premature Labor for Prevention of Same in Chronic Albuminuria.

BY DR. E. P. CHRISTIAN.

Mrs. T., aged 38, a stout, heavy and apparently healthy woman, first came under my care June 20, 1876, she being then between seven and eight months advanced in pregnancy. She was the mother of one child, 15 years of age, and the subject of one abortion two years after. No conception from that time to present. Notwithstanding her appearance of robust health, I learned that she was a chronic invalid and the general derangement of health much worse during past seven months, and which, until certified of her pregnant state by quickening, she had attributed to approaching change of life. There was very great anasarca of legs, which, of course, led to examination of urine—result, one-half albumen.

I was called the evening of the 20th to the patient, suffering, as she supposed, with cramp in the stomach from indiscretion in diet. But the character of the pain was so like to the epigastric distress so premonitory of puerperal eclampsia that, with the anasarca and highly albuminous condition of the urine, I had no doubt the patient was threatened with that malady. There was no other evidence of commencing labor. A mixture of ether and chloroform internally soon relieved the patient She went to sleep, and remained comfortable until morning of 22d, thirty-six hours after my first visit. At this time she began to have slight uterine pains, also diarrhœa throughout the day. 22d, 6 P. M., I was summoned in haste. Patient had just emerged from a violent convulsion, wildly delirious, and intense pain in head. I bled her to faintness, and she quieted down and slept. No dilation as yet of os, nor lubricity of vagina; 8.30 P. M., another, but less severe convulsion. Patient put on chloral hydrate, and kept under its influence all night without return of spasms. 25th, 2 A. M., indications of progressing labor; anasarca disappeared from legs, attributed to absorption promoted by the venesection; patient kept under influence of chloral throughout the day and night, with no return of spasms; dilation of os progressing. 24th, pains with great severity and increasing frequency since 3 A. M., and at 6 A. M. patient delivered of living boy of 7½ to 8 months development (child still living at this date).

Summary from 20th, evening: Patient six weeks from expected time of confinement; threatened convulsion quieted with ether and chloroform. 22d, A. M, first indications of uterine action; 6 P. M., severe convulsion, venesection; 8.30 P. M., another convulsion less severe; patient put on chloral hydrate and kept under its influence till termination of labor, 6 A. M., 24th, nearly 36 hours from last convulsion. The patient recovered well from her labor, but albumen never disappeared from her urine, and her general health never quiet up to the poor standard of that before her pregnancy. She was warned that in the event of another pregnancy her safety would depend upon the induction of abortion in the early months.

June 25, 1878, Mrs. T. again three months advanced in pregnancy. Legs and hands already much swollen and urine largely albuminous; suffers much from headaches. The necessity of having abortion induced and the risks of delay impressed upon her, but receiving temporary benefit from treatment she declined to accede at this time. Aug. 22d, anasarca increased, intense headaches, temporary blindness, patient desirous of the operation. With assistance of Dr. Langlois a strong tent was passed into mouth of womb, retained by tampon and allowed to remain 24 hours, by which time considerable uterine irritation had been excited with threatening cerebral symptoms. 25th, tent was removed, and I passed metallic sound, which was followed immediately by a little blood, and through the day by a larger quantity. Patient put on ergot. 28th, no decided indications of uterine action as yet. I passed the sound again well up and turned it freely. This was followed by larger discharge of blood with excitement of uterine action, and 24 hours afterwards the patient was delivered of 4½ months fœtus by Dr. T. J. Langlois in my absence, who stated that he was in constant apprehension of the accession of spasms from the great degree of cerebral excitement. The patient's recovery was slow and tedious. I am firmly convinced that the patient could not have survived a labor at full term. Indeed, she could not have gone much longer without the accession of spasms. These came on at 7½ months in her previous labor, and the anasarca and cerebral disturbances and condition of urine were already, at 4 months, as bad as immediately before the spasms in the former one.

Wyandotte, Mich.

Selections.

PUNCTURE OF THE ABDOMEN.—The discussion on intestinal obstruction at the annual meeting of the British Medical Association in 1878 has already borne fruit in a very satisfactory manner. Not only have operative measures been more generally adopted, but the peritoneum is found to behave itself very much better nowadays than it used to of old, when it had a very bad reputation. Any injury of the peritoneum was thought to entail imminent danger, but now it is sponged out without provoking inflammation even. Mr. Jessop, of Leeds, enters an indignant protest against the application of the term "unjustifiable" to exploratory incisions of the abdomen in obscure cases. In cases that are in their

nature necessarily fatal, he argues, the operation cannot further endanger life, and the operator has the satisfaction of knowing this. In other cases immediate relief can be furnished where nothing short of operative measures are of the slightest avail, as where a band of organized lymph encloses a coil of intestine; his experience at the post-mortem table telling him that several cases there met would not have come there had an exploratory incision been made and the cause of obstruction removed.

Dr. Jacobson, of Guy's Hospital, relates a case which, however, terminated fatally ten days after operation; nevertheless he advocates the adoption of operative measures. He thinks that what betwixt recent great advances in the surgery of the abdomen and the progress of antiseptic surgery, operative measures for the relief of intestinal obstruction will become quite common, and will furnish most beneficial results in many cases. Even where it is not necessary to make an incision in the abdominal walls, operative measures, including liberties taken with the peritoneum, may be indicated. Thus, Dr. Broadbent relates a case where puncture of the small intestine gave great relief in case of an intestinal obstruction in an elderly lady. A shriveled ovarian cyst constitutes a tumor in the right inguinal region, which presses upon the bowel. In consequence of this she has several times suffered more or less severely from intestinal obstruction. At last an obstruction had persisted for three weeks in spite of opium and belladonna, and it was determined to puncture the intestines with a long aspirator needle. The aspirator was used at first, but soon was found unnecessary. An enormous amount of gas escaped, giving the patient great relief. Two days later, fæces and flatus began to pass naturally. A few months later, a similar attack came on, and, after some days of unsuccessful medical treatment, at the patient's earnest request punctures were again resorted to. with excellent results. The discharge of gas was followed by a copious evacuation during the subsequent night. A third time puncture alone could afford relief. Dr. Broadbent has used such puncture of the abdomen in several cases, and so far has not seen any injurious results follow therefrom. He, however, observes several precautions. (1) He lessens peristaltic action by a full dose of opium, while no food is given for some time before the operation. (2) He selects a coil of intestine which contains gas only, and not liquid. (3) He pierces the coil exactly at its most convex part. The spot chosen for the puncture should be as nearly as possible over the center of a coil which does not roll about, and, by preference, in the linea alba. (4) He exercises great care and patience during the escape of the gas. As the gas escapes from the coil selected for puncture, it will collapse under pressure from neighboring coils, and the flow through the needle will cease. Very soon, however, the air in the intestine will distribute itself and enter the empty portion, when it will again escape. It is better not to put on a bandage. He concludes by suggesting that such puncture may often usefully precede other operative measures, as inflation, taxis, etc., when the gut is imprisoned.—*Medical Times.*

SEWER VENTILATION.—*The Public and Sanitary Engineer:* Health Commissioner DeWolf, of Chicago, has received from Mr. R. T. Crane, of the Crane Bros. Manufacturing Company, a letter on the subject of ventilating sewer covers. Mr. Crane says:

While the open sewer covers are a great improvement over the closed ones in preventing sewer-gas pressure in sewers, which pressure has caused the sewer-gas to escape with considerable force into our houses, still they only partially meet the great defect in our sewer system, and fail in the coldest weather when our houses are all closed up and when we live almost entirely inside of them, for the following reasons, viz.:

1. The open covers will fail entirely to accomplish the ventilation of the sewers or the removal of the pressure of the gas therein by reason of becoming closed in winter by snow, ice, dirt, and, of course, the gas pressure will again exist.

2. The fact that in the coldest season of the year, when our houses are warmed, there exists a partial vacuum in them, any person will understand who will observe how the cold air is drawn in through every crevice at such times, and this suction or vacuum will draw the sewer-gas into the houses through the defective sewer drain, though the open covers took off all of the pressure (which I do not believe they do when they really are open), so it will be understood, with open covers, we will still be troubled with sewer-gas under the present defective system of running drains.

Now as to the remedy. First, the sewer and soil pipes should be perfectly laid - that is, tight—and, if they were, this would be nearly all that would be necessary to do, that is, provided there was no pressure of gas to force its way into the dwellings through the water-taps; but, as it is almost impossible to get a perfect job of sewerage, and also, if perfect at the time of completion, it may be rendered imperfect by the settling of the building; therefore, in order to render a house free from sewer-gas, it is necessary to ventilate the sewer pipe thoroughly by connecting it, full size, with a good acting ventilating flue. Such a one can be had by building it along side of the kitchen flue, and, as the kitchen flue is always hot, a ventilating flue joining it, if not too large, will be sure to act and cause a vacuum on the sewer pipe, which would not be overcome by the vacuum in the house. Therefore, what leaks there might be in the sewer pipe would always be inward.

All systems of ventilating sewers by running cold ventilating pipes up to the top of the building are defective, from the fact that it only takes off the pressure of gas that would otherwise exist, and does not counteract the effect of the vacuum which every house has in cold weather.

Such a system, when largely carried out, would prevent the escape of sewer-gas into the streets; in fact, the open covers might be dispensed with to a very great advantage to this system of sewer ventilation, thus killing two nuisances at once. Every sewer should be tested by a water pressure, and all new dwellings, stores, schools and factories should be required to construct a ventilating flue for this purpose.—*Chicago Times.*

There are grave objections to the system here proposed, which have already been set forth in former numbers of this paper. At the risk of repetition we repeat them concisely as follows:

First, the uncertainty of always having a fire in every kitchen chimney, on which we might safely depend for a draft in the adjoining flue.

Second, the difficulty of securing tight joints where connecting with such flue, and the risk of outward leakage in case of feeble draft.

Third. the almost insuperable difficulty of carrying out in practice any uniform system when applying it to thousands of new houses owned by as many different parties, who might not agree to have the sewer air invited into their premises, and within their house walls for the public benefit.

Fourth, the absence of "kitchen chimneys" in large districts of cities where the buildings are devoted to commerce with few or no dwelling houses.

These objections have thus far always stood in the way of this and many similar schemes.

Salicylic Acid in the Treatment of Scabies —John S., a farmer, engaged as a laborer a passing tramp. Mr. S., wishing to conduce to the tramp's comfort, cut his hair and shaved him. Not long after, he felt an itching on the hands. Shortly after the itching began a cutaneous eruption, multiform in character, manifested itself in the same locality, thence spreading with great rapidity to different parts of the body, preferably to the abdomen and inner aspect of the thighs and forearms. After exhausting all the remedies known to him and his family, he applied to me for such medication as would immediately arrest what he expressed as being one of the afflictions from which Job escaped. From our patient's history of the trouble, together with such examination as I was able at the time to make, I believed the affection to be *Scabies*, and prescribed the much reputed sulphur ointment. In the course of two weeks my patient returned, saying that there was no abatement of the malady, but that in spite of the ointment the disease was gradually assuming greater proportions.

Not being in possession of a microscope, I procured a pocket lens of high magnifying power, and by its aid could distinctly trace a slightly curved whitish-gray line, varying in length from four lines to almost an inch. These lines, or furrows, terminated in minute, opaque elevations, supposed to be due to the presence of the insect. With a pin slightly bent at its point, I was able to extract from the closed extremity of the furrow what, under the lens, proved to be an acarus. This, of course, settled all doubt as to the nature of the difficulty with which we had to deal, and proved beyond a peradventure the correctness of the diagnosis.

Knowing the high repute in which salicylic acid is held as a parasiticide, I gave him for local application a small quantity of the acid dissolved in glycerine, with directions to apply it night and morning. In about a fortnight he returned, and when interrogated as to his itch, replied that he was well, but that four others, members of his family, had it.

After the use of the acid for several days, thoroughly applied, they too were cured. About the same time Mr. G., a near neighbor of Mr. S., brought two children to my office whose trouble was of a like kind. They too were treated with salicylic acid, and soon got well. In the same neighborhood I treated thirteen cases of scabies, with the same uniform success, and with the exception of an occasional bath, salicylic acid constituted my entire treatment.—T. W. Rankin, M. D., in *Monthly Review of Medicine and Pharmacy.*

Hot Water in Chancroids—and Especially in Phagedenic Chancroids.—Prof. Frank H. Hamilton says in the Virginia *Medical Monthly:* I have lately found a new and very valuable therapeutic application of hot water, namely, in the treatment of infecting chancroids, and more especially in that very intractable form—the phagedenic.

My method of procedure is very simple: A piece of sheet lint is made into a pretty solid ball, and being held in a pair of dressing forceps, it is immersed in water not much below the boiling point (in many cases a temperature of 130° or 140° F. will answer), and then this ball of lint is to be pressed forcibly upon the sore. This is repeated daily for several successive days, or until the granulations begin to assume a healthy appearance. As a dressing, simple cerate will suffice, or the sore may be sprinkled with iodoform and covered with dry lint. The hot water coagulates the albumen in the secretions, and gives to the sore sometimes a whitish appearance, as when nitrate of silver is applied. It is less painful than any of the mineral caustics, and the pain subsides more quickly; and there is no doubt that it destroys the infecting qualities of the

sore as thoroughly, while it possesses the great advantage that it does not destroy any of the living tissues.

ACUTE RHEUMATISM, UNDER SALICYLATE, ALKALINE AND MIXED TREATMENT.—The *London Lancet* gives the results of treatment of typical cases of acute rheumatism in the Middlesex Hospital, by salicylate of soda, fifteen grains every three hours; alkalies, fifteen grains of bicarbonate of potash with a like quantity of the acetate every four to six hours; and alkalies with two to five grains of quinine in pill three times a day. The treatment in other respects was similar. The results are tabulated thus:

No. of Cases.	Kind of Treatment.	Average duration of Pyrexia.	Average duration of joint affection.	Signs of Endo, or Pericarditis, on admission.	Ditto. Developed under treatment.	None at any time.	Relapses.	Return of pain without Pyrexia.	Average stay in Hospital.
60	Salicylate.	5.7 days.	5.06 days.	41 cases, or 68.8 per ct.	7 cases, or 11.6 per ct.	12 cases, or 20 per ct.	16 cases, or 26.6 per ct.	6 cases, or 10 per ct.	29.7 days.
60	Alkalies.	10.3 days.	12.2 days.	41 cases, or 68.3 per ct.	4 cases, or 6.6 per ct.	15 cases, or 25 per ct.	5 cases, or 8.3 per ct.	4 cases, or 6.6 per ct.	27.7 days.
88	Alkalies, with Quinine.	11.6 days.	10.07 days.	80 cases, or 68.6 per ct.	5 cases, or 18.1 per ct	18 cases, or 24 per ct.	8 cases, or 7.8 per ct.	7 cases, or 18 per ct.	31.1 days.

In duration of pyrexia and joint affection the salicylate treatment has the advantage; in other respects the alkaline. In the mixed treatment, the quinine was too restricted in quantity. It should have been given in full anti-periodic doses at first; and then the smaller ones would suffice.

POULTICES.—At the late meeting of the British Medical Association, William Savoy, F. R. S., in the course of his address on Surgery, had the following to say on the subject of poultices:

"Its absolute and relative value in surgery can be determined only by experience; and if the surgeons who condemn it have done so only after a fair trial, then all I can say is that their experience on this subject is very different from mine. Having many years ago, like I suppose most surgeons at one time or another, been prejudiced against poultices (for if not skillfully made they are ugly and clumsy things), I have more than once cast them aside in favor of some other application; but again and again I have been driven back to their use by the plain fact, as it appears to me, that they fulfill certain conditions better than any of their rivals. I do not undertake to explain how they are excellent. I find certain qualities possessed by them in an eminent degree, but to what precise extent these are instrumental to the result I can not say. A well made bread poultice (which I make bold to suspect some of you have never seen), preserves ample moisture and equable warmth; it is everywhere very soft, and adapts itself with singular uniformity to all irregularities of surface. In my experience this homely article far more frequently draws from the patient the word 'comfort,' than any other form of dressing. 'Yes, that is comfortable,' is a familiar expression after the application of a poultice. Poultices, of course, like all other applications, are liable to abuse; and I think that years ago they lost favor chiefly on account of the reckless way, as mere routine, in which they were employed, the faulty manner in which they were too often prepared, and the length of time during which they were allowed to remain unchanged. But I venture to repeat that, when applied in appropriate cases, they give, so far as my experience goes, more comfort to the patient and satisfaction to the surgeon than any other substance. Moreover, in certain cases of unhealthy wounds and of foul discharges, they become a most convenient vehicle for the use of charcoal and other agents; and I, for one, in spite of all our present proud array of antiseptics, should be sorry to lose altogether the help of the old fashioned charcoal poultice."

CHLORAL IN DIPHTHERIA.—Dr. R. Carney, in the *Canada Lancet* for December, speaks very positively of the merits of chloral hydrate in diphtheria—in fact, regards it as almost, if not quite, a specific About three years ago, while treating a patient of whose life he despaired, he prescribed a sleeping draught of chloral hydrate and bromide of potassium. On his visit next day he found marked improvement in both the general and local symptoms, which he at first attributed to the night's rest which had been secured by the mixture. An examination of the throat, however, taken in connection with

the patient's statement that "the mixture had brought up far more stuff than the gargle," led him to believe that there had been some benefit from the local contact of the mixture on the membrane. He accordingly ordered a wash of a solution of chloral, 3 j to an ounce of water, "with wonderful effect, the patches peeling off rapidly, the throat feeling more comfortable, and the patient improving generally." During the past two months an epidemic of diphtheria occurred in his practice. During that time he says: "I have successfully treated fourteen cases of undoubted character, some very severe, and several cases of a diphtheritic nature, and was about to publish a record of them, in order more clearly to establish my conclusions, but do not deem it necessary when such an authority as Rokitansky can be referred to by the profession. * * * The wash is applied by a sponge swab, as I find that the contraction of the fauces on introducing the swab is sufficient to express the liquid, and one such application every three hours has proved satisfactory so far."

A CRANIAL SEQUESTRUM.—A sequestrum, consisting of the two parietal bones with portions of the frontal and occipital bones, was recently (*London Lancet*, Oct., 1879) shown to the Acadèmie de Mèdicine by M. Bevea. The boy from whose head these bones were obtained always had a peculiar, if not pathological, profoundness of sleep. At night neither noises nor blows would awake him. One evening he was left alone in the house. When his parents returned they found the boy on the floor, his head in the fire, and fast asleep. His cap and hair were burned and also a large portion of the scalp. He was put to bed still fast asleep. The boy awoke in the morning and went to the mountains to attend sheep as usual. Six weeks after the burn a large slough separated, exposed the cranial vault, and pleased the boy much, as it enabled him to carry bundles of sticks on his head without being hurt by the thorns. Six months later a large piece of bone came away, a portion only being presented. Oiled linen was applied under the cap, and a year after the accident the entire wound was granulating nicely. At one time pulsations synchronous with the pulse of the wrist were observed, but afterwards they could not be detected. Hence it is not improbable a new bony covering has formed. The wound is imperfectly cicatrized and will probably soon heal. The boy is now well otherwise, and eleven years old. The accident happened about three years ago.

An antidote for dipsomania, highly praised in the newspapers, is a strong tincture of cinchona rubra. Dr. Hayne (*Western Lancet*) has tried it in several cases, and states that it has no more power to cure dipsomania than bread pills have to make a man honest.

ON NERVE-STRETCHING.—A case of convulsions of the face, which was cured by stretching the facial nerve, is related in No. 40 of the *Berl. Klin. Woch.*, 1878, by Dr. Baum. The patient, a woman, aged 35, who had previously had a few epileptiform attacks, became subject to convulsive twitchings of the muscles of the left side of her face. They lasted generally for one minute at a time, and were repeated every two or three minutes. Finding that all the remedies used, and even the galvanic current, were of no avail, the author resolved to try whether nerve-stretching would prove successful. He accordingly laid bare the facial nerve near the stylo-mastoid foramen, and, seizing it roughly with a pair of forceps, he lifted the nerve from the surrounding tissue. The left side of the face was paralyzed for about half an hour, after which sensibility had returned and the convulsions disappeared. The author ascribes a part of his success to the squeezing of the nerve, and points out that there is no danger of paralysis, as the latter, even if it should occur, is transitory.—*London Medical Record.*

A literary wit of scientific tendencies is rather hard upon Professor Tyndall, and thinks that the Dean of Westminster, when he married him a short time since, missed his opportunity. He is of the opinion that when the Dean put the familiar query in the marriage service it should have run thus: Do you take this anthropoid to be your co-ordinate, to love with your nerve centers, to cherish with your whole cellular tissue, until a final molecular disturbance shall resolve its organism into its primitive atoms? The learned Professor would probably have thought twice before answering, I will!

The editor of the *Eclectic Medical Journal* claims the following to be a specific in diphtheria:

℞ Tr. aconiti rad..... gtt v
Tr. phytolaccæ..... gtt x to xx
Aq. font..... ʒ jv
M. Sig. A teaspoonful every hour.

We should desire a pretty thorough corroboration of the specific virtues of this prescription before depending solely on it in a severe case of diphtheria.

Half a dozen peach kernels slightly cracked and thrown into a butt of the muddiest water is said in the course of an hour or two, to render it beautifully clear. We have never tried the experiment, and give the statement only for what it is worth.

Dr. B. W. Richardson says of education in childhood: "Under seven years all teaching should naturally be conveyed through play, if the body is to be trained up healthily as the bearer of the mind. * * Thus letters of language can be taught; conversations in different languages can be carried on; forms of animal life can be classified, the surfaces of the earth can be made clear, history can be told as a story, etc., etc." Thus the child, free to learn, learns well, and eats and sleeps and plays well.

MICHIGAN MEDICAL NEWS.

"ARS, ANTE OMNIA VERITAS."

VOL. II. DETROIT, DECEMBER 25, 1879. No. 24

Editorial.

Medical Journal Advertising.

A number of our exchanges have recently been condemning the practice of editors in allowing advertisements to be inserted between the pages of reading matter in their journals. The practice is one which is very general in the foreign journals, and has, during the past year, been followed to a greater or less extent in this country. We were induced to permit such an advertisement to appear in the NEWS during the present year; not only did we soon perceive that we had in this been cajoled into an error, but our life has been made miserable by innumerable reminders of the fact—reminders couched in language varying from the unctuously bantering to the acerb and ill-natured. We are, therefore, convinced that the practice is unpopular, and a due regard for the comfort and convenience of our readers, and for our own mental quietude, will hereafter keep us proof against the blandishments of even the enterprising and seductive firm who induced us to so intimately incorporate the notice of their manufactures with the reading matter proper. We are constrained to add, however, that we have given our sole reason for discontinuing the practice, not having as yet attained to that degree of hypersensitiveness or that superlativeness of goodness which enables some of our contemporaries to see in it something so morally and professionally crooked. Although, as we have intimated, the inter-leaving of advertisements is generally regarded with disfavor, some of our contemporaries justify and defend it. Notably among them is the St. Louis *Medical and Surgical Journal*, whose pages are somewhat copiously interspersed.

The arguments which may be advanced in favor of this defacement of a medical journal are such as apply to the general question of medical journal advertising, upon which we take this opportunity of saying a few words. A medical journal, to be successful from the reader's standpoint, must be successful from the publisher's—that is, from a pecuniary standpoint. This observation is born of a by no means limited acquaintance with the history of medical journalism in this country during the past decade—an acquaintance which has led us to regard with feelings akin to those of contempt the ventures which are initiated to be conducted "solely in the interests of the profession." The profession, however, is very slow to appreciate these labors of love, and the beautifully conceived altruistic ventures are doomed, even at their birth, to early, though by no means, premature, graves. We have seen quite a number of just such instances, and have now our eye on a number more whose mistaken pride alone keeps them alive, and whom it would be a truly humanitarian act for some literary Bergh to kill and thus put out of misery.

Medical journals form no exception to the general rule that he serves others best who first serves himself. Things are so constituted that the good which comes from a man's efforts must first benefit himself. Few medical men, at least, are able, even had they the inclination, to devote their time and substance without remuneration to the general professional weal. "He who provideth not for his own is worse than an infidel," and the publisher of a medical journal who disclaims all personal interest or hope of reward, is either not honest in his disclaimer or will soon tire in his devotion. The subscription prices of medical journals, as in the case of newspapers, are without exception, in this country at least, too low to make publication a sufficient source of profit to justify a medical man in devoting the necessary time to the conduct of a readable journal. This being the case, the advertising pages become a necessary departmen-

and the houses whose dealings are with physicians, by adopting this cheapest and most expeditious means of introducing their goods, assist their patrons in securing their necessary journals at, in many cases, less than the actual cost of the material. The advertising department of a medical journal is, moreover, not only a legitimate business, but is as necessary to the readers of a journal as are the advertising columns of the newspaper to the general public. Medical men are interested in the articles which legitimate medical journals permit to be advertised in their pages. The medical editor, moreover, cannot escape responsibility by laying the blame of improper advertisements on the publisher; he should have supervision over all parts of his journal, and when he surrenders his independence sufficiently to allow notoriously quack nostrums and so-called specifics to be offered his readers, as some of our medical editors do, he is no longer fit for the position he assumes.

The Chicago *Medical Journal and Examiner*, in referring to this subject, has the following, which, assuming the statement to be true, should lead it, if it would be consistent, to discontinue its advertising department: "In this day when so many sheets are merely subsidized organs of wholesale drug houses, the practice (of interleaving advertisements) is common enough, and evidently intended to secure that sustenance at the hands of the drug men which cannot be obtained at the hands of the profession." When such journals as the Philadelphia *Medical Times*, the St. Louis *Medical Journal*, the Virginia *Medical Monthly*, and others in this country, and the London *Medical Record*, the *Canada Lancet*, and others of our foreign exchanges adopt the practice, the charge that a journal, because it permits the interleaving is subsidized, is not only scarcely justifiable but positively gratuitous. We do not believe, moreover, that "many sheets are merely subsidized organs of wholesale drug houses." Inasmuch as the majority of the wholesale drug houses advertise in the same journals, and as the fact of the journals being employed as advertising mediums is the only evidence of their being subsidized, it would follow, according to the *Journal and Examiner's* logic, that not only "many" but all the journals are subsidized by the majority of drug houses, and that those which enjoyed the largest patronage are subsidized to the greatest degree. The charge implies something dishonorable, and, without being personal, our experience with "wholesale drug houses" leads us to the belief that these houses furnish examples of both professional and personal honor which our Chicago contemporary would not go astray in emulating. The remark again is logically a ridiculous one. The advertiser's object is to reach the greatest number of readers, and as he, as a rule, is not entirely devoid of common sense but wise in his generation, he does not ordinarily put his money into a journal which has not "secured sustenance at the hands of the profession." The journal which feels it necessary to offer a sort of quasi apology for receiving advertisements, should withhold its remarks until its "sustenance at the hands of the profession" is sufficient to enable it to act consistently.

The *Country Practitioner* selects the NEWS with which to point its moral and adorn its tale in its animadversions on this same subject. It says: "For instance, the MICHIGAN MEDICAL NEWS, an excellent journal, is published semi-monthly at one dollar a year. It contains twelve pages of reading matter and twenty three of advertising matter. Of course the advertising department being the one that pays the expenses, must be fostered." Taking into account also the income from its over three thousand subscribers, this statement is true, and it is, further, also true, that because, and only because, the advertising department, in common with the other departments, is "fostered," the MICHIGAN MEDICAL NEWS is the "excellent journal containing twelve pages of reading matter, semi-monthly." It is through this "fostering" that the NEWS is enabled to increase its twelve pages to sixteen pages next year.

As long as the advertisements of a journal are kept in their proper location for purposes

of convenience to the reader, the more of them the journal secures the greater return is the publisher enabled to give the reader for the subscription price received. The reader, in addition to the value which, as a business man, he must receive from the advertisement department of his journal, is thus directly benefited by this source of revenue to the publisher.

Hard Times for Professional Men.

Probably no class has felt more keenly than physicians the depression in trade for the past six years, and none hail with greater pleasure the rifts in the clouds which have so long overshadowed the industries of the country. Although the usual season for making good resolutions has not yet arrived, it may not be out of place to indicate subjects on which it would be profitable to resolve. By the past we may read the future, and it is the part of unwisdom to allow bitter experiences to count for naught. If the experiences, of the past year even, will enable one to avoid their causes in the approaching years they will not have been in vain. Physicians are not only notoriously improvident as a rule, but very negligent in matters of business, and much of the hardship which they have endured during the depressed times has been owing to a violation of business principles and a lack of proper business habits. In the times of prosperity, when wages were high and when the working classes, really the most profitable class for the doctor to practice among, were indulging in the very luxuries of life, the physician's bills were allowed to run until it became difficult and, in many instances impossible, to pay them. In this way the percentage of loss became a hundred fold larger than any other business could survive, and the doctor's family was forced to be more economical than that of the artisan to make ends meet. When the panic of 1873 came, not only had the practitioner no bank account to fall back on, but the habit of putting off the doctor's bill which the patient had formed during the years of plenty by no means forsook him in the time of his distress, and after the butcher and the grocer had been paid (and, too often after these were paid there was nothing left) it was time enough to attend to the doctor. Times are beginning to brighten, at least so says the commercial man, although the doctor is not yet practically familiar with the fact, and it will become the medical men of the land to include among their resolutions on New Year's day, 1880, one to the effect that they will, like business men generally, insist on prompt payment for their services. Herein lies the physician's only hope for making money, and those who have been wise enough to thus resolve and not allow the resolution to be but as a paving stone on the road to the Tartarus of financial embarrassment and insolvency, have feathered their nests with that legitimate plumage which should come from honest toil. The adage is a homely one, but none the less a true one, that "short credits make long friends." The bill which is allowed to run, and, running, accumulates, is the one which is hardest to collect, and the longer it runs the harder becomes the collection, and the harder the collection the greater the danger not only of losing the patron, but of turning the whilom friend into an active foe. We know whereof we write, and if the resolution which we suggest is made and kept, the balance sheet at the close of 1880 will make it much easier to pay in advance for the NEWS than it was one short year before. Try it and see.

The present number closes Vol. II of the Michigan MEDICAL NEWS. During the year, whose sands have so nearly run out, it has been our honest endeavor to conduct such a journal as the profession would endorse. We are conscious of many shortcomings, and although the recognition of our endeavor has been so flattering, it has not blinded us to our faults. With this recognition in view, we should be recreant to our trust were we not to resolve to make the NEWS a journal more worthy of the reception it has met at the hands of the profession. In addition to the increase of size, commencing with our next number, to 16 pages, we have made ar-

rangements which will enable us to devote the time which a journal of this kind demands for its successful management—time which frequently failed us during the past year. Asking for a continuance of the support heretofore so freely given us by our readers, and for prompt renewals of subscriptions for 1880, we extend to all the good, old-fashioned wish of a merry Christmas and a happy New Year.

The small amount of reading matter in this number is compensated for by extra pages which we gave on three occasions during the volume.

Miscellany.

PERCENTAGE FROM DRUGGISTS. — The manner in which our remarks on this subject in our issue of the 25th ult. have been received, necessitate a few words of explanation. Dr. A. B. Stout, of San Francisco, Cal., says: "I cannot accept nor admire your apology for physicians who condescend to receive commissions on prescriptions. It is an ignoble humiliation of the profession. It drives the best patients from the best apothecaries; for, in truth, it is the best patients who are mulcted an extra fee on their medicine to pay the losses of unpaid practice. The good patients understand this dodge to make them pay the bill of the bad patients, and become either extra reticent or decidedly hostile to the profession, and in this feeling they adopt homœopathy. Let Michigan pass an act similar to the Wisconsin act against refilling prescriptions, as against commissions on prescriptions, and it is probable that every State in the Union would do the same. If a doctor can get his office rent from one apothecary, he might, on the sly, get his tailor's bill from another, and his board bill from a third. The whole thing is a monstrous excrescence on the honorable practice of medicine. Some other alternative should be found to fill "the bad bill."

The *Medical Record*, in referring to our note, says: "While the editor does not endorse the practice, he rather boldly says "that there are circumstances in this country and in these times which remove it from the realm of moral turpitude." These circumstances appear to be, that the honest and conscientious doctor cannot collect all his bills, and must, therefore, have collusion with the druggist. The inevitable conclusion appears to be, that if the balance is struck against such patients as will not pay, and against the druggists who will prescribe, the border is narrowed down to the conscientious patient who not only pays his doctor, but also the druggist and the percentage. Verily, we believe that it is time for the golden geese in Illinois and Michigan either to migrate or stop laying."

We are sorry that our remarks have been construed to mean that we are in favor of making honest patients pay the losses which the dishonest cause. We not only do not advise the taxation of the patient who is willing to pay, but positively condemn the practice. The class from whom we would collect the percentage are those who always have money to pay for that for which they cannot get credit—medicine. These are they whose prescriptions should bear a mark which the druggist understands. We had no idea that, even in Chicago, honest patients were mulcted to pay the doctor's office rent, or tailor's or shoemaker's bill. We do not believe such a practice obtains in Michigan.

The *Chemist and Druggist* observes that it was Herbert Spencer who made the following definition of evolution: "Evolution is a change from an indefinite, incoherent homogeneity, to a definite, coherent, heterogeneity, through continuous differentiations and integrations." And it was the mathematician Kirkman who translated it into plain English: Evolution is a change from a nohowish, untalkaboutable, allalikeness to a somehowish, and in-general-talk-aboutable not-at-all-likeness by continuous something-else-ifications and stick-togetherations. — *Med. and Surg. Reporter.*

THE RIGHT TO A PHYSICIAN'S PRESCRIPTION.—The misapprehension existing as to the ownership of a physician's prescription has given rise to so many vexatious discussions that the subject was brought before the California State Medical Society in 1874-75. After a lengthy discussion, the subject was referred to the Committee on Ethics, to report the following year. The committee submitted the following preamble and resolution, which were unanimously adopted:

Whereas, It has been asserted by many persons, and it is claimed by certain pharmacists, that the prescription in writing of the physician, when given to the patient, becomes the property of said patient;

and further, that some judicial decisions may have so decided: Now, therefore, this Society, considering that this view or decision is incorrect; that such right of property promotes quackery; facilitates the composition and sale of medicines improperly applied and under false pretences, injures the interests of the profession; increases disease, to the harm of the public, by delaying the timely application of medical skill; and that hence, the written prescription should be viewed only as the order to the apothecary of what property, whether pill, powder, or mixture, he shall deliver on the order of the prescription; and, finally, that the word "prescription" means strictly the substance or medicine prescribed, and not the written indication or order by which the articles named therein are obtained; therefore,

Resolved, That in the estimation of this Society, a medical written prescription is not the property of the patient, but simply an order to deliver the within named goods or articles to the bearer, which, when done, the proprietary right of the patient ceases; nor has the aforesaid any right or privilege to claim a repetition of said prescription without further instructions or consent of the prescribing physician.

Dr. Aug. Nasse, of Herman, Mo., sends in the following, answers to which we would respectfully solicit: Have any of my colleagues used benzoate of soda in the treatment of diphtheria? If so, what is their experience?

Book Notices.

ON DISEASES OF THE STOMACH, the Varieties of Dyspepsia, their Diagnosis and Treatment. By S. O. Habershon, M. D., London, late Lecturer on the Principles and Practice of Medicine at Guy's Hospital. Third edition. Price. $1.75. Philadelphia: Lindsay & Blakiston.

The author in the preface says, "there are some truths which are continually impressed on the mind of the physician, and perhaps none more forcibly than the importance of endeavoring to *cure the patient*, rather than to *cure the disease*. There is a unity of morbid as well as of healthy action in the living organism, for one part cannot be affected without the sympathy of the whole; and thus whilst the present work is exclusively devoted to some clinical observations on gastric disease in its various forms, I have sought to regard it in its general relation to other parts of the system."

Such remarks meeting one at the threshhold, he enters the work with the expectation of finding a more than ordinarily intelligent treatment of its subject. This expectation is fully realized, and a perusal convinces one that this is one of the clearest, most concise and, withal, most practical works on that Briarean disease, dyspepsia, given to the profession. All the forms of dyspepsia are discussed: atonic, congestive, inflammatory, hepatic, rheumatic and gouty, renal, mechanical, sympathetic, fermentative and duodenal.

THE ADVANTAGES AND ACCIDENTS OF ARTIFICIAL ANÆSTHESIA: A Manual of Anæsthetic Agents and the Employment in the Treatment of Disease. By Laurence Turnbull, M. D., Ph. G., Aural Surgeon to Jefferson Medical College, etc. Second edition, revised and enlarged, with 27 illustrations. Price, $1.50. Philadelphia: Lindsay & Blakiston.

This little book opens with a historical account of the anæsthetics, from which we learn that as far back as 160, A. D., the Greeks possessed a drug, mandragora, a half ounce of the wine of which, according to Lucius Apuleius, would cause a man to sleep so soundly that the amputation of a limb might be performed "without pain or sense." A short mention is made of the various articles in use up to the time of the discovery of the anæsthetic properties of ether, after which a full account is given of the anæsthetics since introduced, their nature, effects, modes of applying, the dangers attending the use of each, and the modes of procedure in the event of accidents. This briefly is the scope of the work, and the manner in which the subject is discussed reveals the experienced anæsthetizer. It is a book which all may read with interest and the majority of practitioners, with profit.

The *North American Review* for January, 1880, is out. It is a valuable number, as the following table of contents indicates: I. The Inter-oceanic Canal, by Count Ferdinand de Lesseps; II. The Woman Question again, by Francis Parkman; III. Romanism and the Irish Race in the United States, part 2, by James Anthony Froude; IV. Sainte-Beuve, by Henry James, Jr.; V. The Metaphysics of Science, by Prof. Alexander Winchell; VI. The Permanence of Political Forces, part 2, by Cuthbert Mills; VII. Recent Poetry, by Richard Henry Stoddard; Edwin Arnold's The Light of Asia; Robert D. Joyce's Blanid; The Poetical Works of Bayard Taylor.

DIFFERENTIAL DIAGNOSIS. A Manual of Comparative Semeiology of the More Important Diseases. By F. De Havilland Hall, M. D., Asst. Physician to Westminster Hospital, London. Philadelphia: D. G. Brinton. Price, $2.00.

The above mentioned volume of two hundred well printed, heavy paper pages of nearly the size of this journal, is a synopsis of the signs of the more important diseases. The author aims to give early and frequently overlooked signs of disease, and particularly those which upon good authority have become ragarded as pathognomonic,

The influences of climate and the peculiarities characteristic of Cis-Atlantic conditions have been kept in view by the American editor, a fact which me may mention, *en passant*, makes the American annotated editions of foreign medical works of greatly enhanced value.

Under the head of general diseases are included the fevers and constitutional or blood diseases.

The local diseases are divided as usual into five sub-divisions, omitting skin diseases.

While a work of this kind is a reminder and a mirror to the student and practitioner, it is a very convenient and valuable one. A glance over its pages will serve to steady up a tottering remembrance. or clear away a dim and misty recollection by bringing vividly before one the most distinct and reliable conditions. We call attention to the valuable comparative examination of the subjects of laryngitis, croup, diphtheria, phthisis, bronchitis, dyspepsia, gastritis, typhoid and malarial fevers.

Altogether, a work which will be of value in guiding the practice in the direction of more accurate and scientific work.

Paragraphs.

The poor, decrepit, old Boston *Medical and Surgical Journal*, is making an effort to galvanize itself into the semblance of vigor. Dropping its apt provincial make-up, it will henceforward ape the metropolitan journals in its shape, and aspire to be a *National Medical Newspaper!* (Heaven save the mark!) It's too late. "Ichabod" was long since written on its door posts.

That piece of "calchawed" femininity, the *National Medical Newspaper* (*nee* the Boston *Medical and Surgical Journal*). calls a journal which appears twice a month a "bi-monthly." And this notwithstanding the fact that Noah Webster was even born not far from the "hub."

A writer in the Detroit *Free Press* closes a very sensible article on the question of funerals with the following suggestions as a basis of reform:

"Since funeral services seek religious sanction, let them be held in churches, if circumstances permit.

"If there must be 'remarks' let them be a brief exhortation, rather than an indiscriminate eulogy of the dead.

"Avoid all ostentation in the matter of carriages and flowers.

"Let the actual interment be private.

"If the officiant be a city clergyman, do not forget that he is a busy man. Arrange first with him for the time of service, and do not forget—as very many people do—to thank him, at least, for his ministrations.

"Pay the undertaker's bill as the very first debt of honor."

We move to amend by substituting for the word "undertaker's" in the last paragraph the word "physician's."

Selections.

The Digestive Ferments of the Body.

Dr. J. Milner Fothergill, in one of his very interesting London letters to the Philadelphia *Medical Times*, makes an article by Dr. Wm. Roberts, F. R. S., of Manchester, the subject of some eminently practical remarks on the question of the digestive ferments and their therapeutical uses. He calls attention to the feebleness of digestion, which seems to be becoming more and more common. From the failure of the teeth—so almost universal now—to feebleness of power in the stomach and inactivity in the intestinal canal, the power to assimilate food seems to be waning among us in the latter half of the nineteenth century. Artificial teeth, artificial pepsin, artificial diastase, artificial pancreatic juice, thousands of quack pills to keep the bowels open—all testify to the growing necessity for aids to nature's assimilative processes. The highly elaborated machine—man—is now only to be kept up by artificial nutrition; his albuminoids must be partially digested, his fats emulsionized, and his starch helped at least half way on the road to sugar, in order that he may be fed sufficiently. Just as the farmer finds that he can fatten his cattle more cheaply by cooking sundry foods, and so spare the digestive process in his store animals, so the physician finds the healthy tissues in dyspeptics can only be secured by elaborate preparation of the food before it is swallowed.

Dr. Roberts commences with diastase, otherwise ptyalin, in the saliva, whose sole power is that of converting starch into sugar. In early infancy and during the suckling stage of calf-life, the parotid gland secretion has but a very feeble power over starch. Gradually the power is developed, and in the calf the sweet bread is lessened in size comparatively as the parotid glands develop. At first milk must be the food of infants, and starch be withheld until the power to convert it into sugar is developed. Now, in order to find diastase artificially to supply its deficiency in the saliva, malt has been largely used of late. If properly prepared, malt extract is rich in diastase and has a high power of digesting starchy matter.

A large number of malt extracts, however, are powerless because prepared at a too high temperature. Any heat above 157° F. is destructive to diastase in solution. Even when a reliable malt extract has been procured, it is important to choose the right time for its administration, as the action of diastase upon starch is arrested in the stomach by the presence of the acid in the gastric juice; and this arrest is permanent, for, under ordinary circumstances, not a particle of diastase in an active condition escapes through the pyloric ring. In order, then, to get the utmost advantage from artificial diastase, it should be mixed with the food be-

fore it is taken. Malt extracts are not unlike treacle, and are sweet; consequently they may be used advantageously to sweeten food, and can be mixed with combinations of starch and milk with advantage in every way. When the temperature of the starch and milk has fallen below 157° F., the malt extract should be stirred in it. As to how to find out this temperature, it is simple. We cannot sip in teaspoonfuls any substance which has a higher temperature than 150° F.; consequently, when the mess has become so cool that it can be sipped, then the malt extract can be added, and the whole can then be taken. As to how long the complete mixture can stand before it is swallowed, so as to get out the full value of the diastase, Dr. Roberts does not say; probably two or three minutes are sufficient. By such means, then, we may materially aid the action of the human saliva upon starchy foods; and for a great many children such action would be a great boon. Then comes the question of the digestion of albuminoids by the gastric juice. The special ferment of the gastric juice is pepsin, which digests the albuminous and gelatigenous elements of our food.

Dr. Roberts is of the opinion that the administration of an "energetic preparation" of pepsin after meals would encourage those who have lost faith in pepsin to give it another trial.

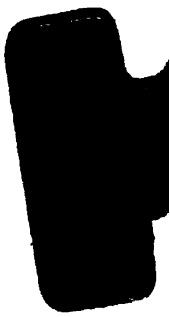
Then comes the question of the pancreatic secretion. Recent observations have shown that the pancreatic juice has four distinct actions upon our food-stuffs: (1) it converts proteids into peptones in alkaline media; (2) it curdles the casein of milk; (3) it transforms starch into sugar; and (4) it emulsifies fats. But for the pancreatic fluid to convert proteids into peptones an alkaline medium is requisite. The ferment which does this is trypsin. Now, in the presence of an acid, trypsin is inert. Just as the diastase fermentation of starch is arrested when the acid gastric juice is reached, and the action of pepsin in an acid medium is set up in the stomach, so in its turn, when the food passes the pyloric ring and becomes alkaline, then the action of pepsin ceases and that of trypsin begins. The pancreas is also rich in diastase, so that the conversion of starch into sugar is resumed, and the two hydrating transformations go on side by side. At the same time the emulsifying of fat is carried on. These several actions of the pancreatic fluid are most important in the assimilation of food, and of course, the idea soon took root, — how could artificial pancreatic juice be given to the dyspeptic bimana? Several preparations were soon in the field, and it was asserted that fat could be emulsified in the body by giving pancreatic fluid by the mouth. But, unfortunately, there is the acid in the stomach by which the pancreatic ferments are destroyed to be encountered. Here is a dragon at the portal which bars the way! An aqueous pancreatic extract, with just enough of spirit to prevent its decomposition, was exhibited. It was a limpid, straw-colored fluid, with very little taste or smell of its own, and of nearly neutral reaction. But, though so pale and bland, it is an elixir of remarkable powers; it curdles milk like rennet; it changes starch into sugar with unrivaled energy; with the aid of a little alkali it transforms albuminous substances into peptones; finally, it emulsifies fats more perfectly than any other known agent. Yes! there stands Dr. Roberts with the elixir of life and comfort for thousands in his hands; but there is that gulf to be passed, — the acid stomach. There he is on Mount Pisgah, with the promised land within sight. Moses understood how to diet the dyspeptic Israelites, and the dietary which he gave them was admirable in its sagacity. Here is another prophet within sight of the promised land. Will he reach it? How does Dr. Roberts propose to pass his pancreatic solution rendered powerless by an acid through the acid stomach so that it shall retain its potency? Guarded by an alkali, it may get through the stomach, but what then becomes of the acid digestion of proteids by pepsin? Dr. Roberts is equal to the difficulty. He waits till the digestive act in the stomach is nearly completed, or what he calls "towards the tail of gastric digestion," and then, "under the guardianship of a dose of alkali," he conveys his pancreatic solution into the duodenum, "where it arrives opportunely to aid in the important work of intestinal digestion." No one can help admiring the astute skill with which Dr. Roberts sees his way through a maze not to be successfully unraveled by most minds; and his work of showing how the difficulties to be encountered are to be surmounted and conquered is of priceless value to the different members of the profession in their combat with indigestion.

Before proceeding to utilize the digesting power of the pancreatic secretion, Dr. Roberts has something to say about albuminoids converted into peptones as food. He says, "If you subject any native article of food — say milk, bread, or meat — to artificial digestion with pepsin and acid, you utterly destroy the grateful odor and taste and the inviting appearance which made it desirable as food, and you convert it into a nauseous mess from which the human palate turns away in disgust. The unsavoriness of digested food is, however, not due to any ill taste or smell inherent in the peptones themselves, which, when purified, are both odorless and tasteless, but to a number of by-products of various kinds, volatile acids and other matters, which accumulate as digestion proceeds. One of these by-products is a bitter flavor, which is a constant and noteworthy characteristic of gastric digestion." Certainly the process of digestion out of the body throws light upon those cases of indigestion which are met with, where the patient complains of bitter

taste in the mouth, with heartburn, some time after each meal. It is, then, these "by-products" which are the cause of trouble with many dyspeptics. To deprive the digested mass of these "by-products" and secure pure peptones is a process so costly as to preclude all chance of their coming into general use.

Dr. Roberts then proceeds to describe his method of procuring peptonized milk. If this can be done without materially altering the characters of milk, the problem of feeding dyspeptics and invalids is largely solved. But he finds to *completely* peptonize milk renders it quite unfit for food; though it can be *fractionally* peptonized to the extent of three-fourths of its casein without diminishing its agreeable qualities. After repeated experiments with milk and the liquor pancreaticus, he found "that the milk was wholly peptonized in two hours and a half, that two-thirds of the casein was converted in the first half hour and three-fourths in the first hour, and that it took an hour and a half longer to convert the remaining one-fourth. In this respect the peptonizing process followed the rule observed in many other ferment actions, namely, that the gradually-accumulating product of the ferment action hampers the operation." He found, too, in peptonizing milk for invalids, that it is absolutely essential immediately to boil the milk when the process has reached the desired point, in order to stop ulterior changes. Making allowances for the varied activity of the pancreatic extracts, which are not always quite alike, he found the following method give good results: "A pint of milk is first diluted with half its bulk of water and heated to about 150° F. It is then put into a covered jug, with a tablespoonful of liquor pancreaticus and twenty grains of bicarbonate of soda (in solution). The jug is then placed in a warm place under a 'cosey' for one hour. At the end of this time the milk is at once raised to the boiling-point. It can then be used like any other milk, and undergoes no further change until decomposition sets in. It is well, however, to know that peptonized milk does not keep well, and that it should be used within twelve hours of the time of preparation. The use of the thermometer may be obviated by directing the milk to be diluted with an equal bulk of *boiling* water." As to the process which goes on in milk so treated, it is found that in about ten minutes the milk thickens and begins to curdle in a soft curd; this phase soon passes away and the soft curds dissolve, and in about half an hour from the commencement the milk has recovered its original appearance. If the process is allowed to proceed, it is found that the milk assumes a grayish shade and its flavor is deteriorated, it becoming bitter and unpleasant to the taste. Consequently it is necessary to raise the temperature of the milk to the boiling-point, and so arrest the process when the proper time arrives.

Another formula, which supplies a more nutritious product and does not require the thermometer, is the following: "To half a pint of cold milk, in a covered jug, add half a pint of well-boiled and boiling gruel. This gives a temperature of 120° to 130° F. To this add a dessertspoonful of the liquor pancreaticus and a dessertspoonful of a saturated solution of bicarbonate of soda (which contains about ten grains). Put under a 'cosey' as before, and heat to boiling at the expiration of an hour. In this case the trypsin of the pancreatic extract acts on the casein of the milk, and, I presume, on the gluten contained in the gruel. The diastase of the extract also acts on the starch of the gruel and converts it into sugar. The making of it is exceedingly easy, and it would seem well adapted both for the nursery and the sick room. The gruel employed should be made thin; it may be prepared from wheat flour or from oatmeal, or from any other farina." When a pancreatic extract of constant strength and precise action is procured, it will be easy to time the exact moment when the mixture should be raised to the boiling point; meanwhile; an hour is about the time to stop the process. If the process be properly performed, the resultant products are as palatable as if they were simple milk-and-water or simple milk-gruel. "But if the process be carried too far, or if, on the other hand, the milk be still partially curdled when put before the patient, the product is not liked, and is even apt to cause nausea."

These experiments and experiences of Dr. Roberts' seem to me to possess a very high practical value, and, indeed, to open up a new vista in the treatment of our worst cases of dyspepsia. How to pass that gulf, the acid stomach, he has shown us lucidly and clearly. Indeed, the combination he describes will probably be further acted on by what gastric juice there is with advantage. In cases—and these are very common—where the gastric juice is poured out in imperfect quantity, and which the late Dr. Leared said were characterized by pain in the stomach after food, this preparation of milk and gruel ought to remove most of our difficulties. Certainly, the prospects of dyspeptics are much brightened by this practical investigation into the digestive ferments and their uses. Not only that, but during fevers and acute inflammations in convalescence, in chronic gastritis, in gastric ulcer (especially), and in gastric cancer in its later stages, such alimentation holds out excellent prospects. So valuable, practical, suggestive a contribution to our therapeutic armamentarium I do not remember to have read for a considerable period of time; and I trust this abstract of it may be serviceable to the readers of the *Times*.

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